


**TOWN OF SEABROOK
SEWER DEPARTMENT &
WASTEWATER TREATMENT FACILITY**
PO BOX 456 • WRIGHT'S ISLAND • SEABROOK, NH 03874
PHONE (603) 474-8012 • FAX (603) 474-8014

RECEIVED
OCT 01 2020
Town of Seabrook
SEWER DEPARTMENT

pd - CK # 140
\$50.00


APPLICATION FOR SEWER SERVICE

DATE: 10-1-20

APPLICANT / BUSINESS NAME Glenn T. Saba, Pres, GSOC Development Corp
 SERVICE ADDRESS 16 Atlantic Ave
 MAP 21 LOT 509 SEQ. _____ ZONING DISTRICT _____ IS LOT IN CURRENT USE? Y(N)
 MAILING ADDRESS 7 Kelly Ln CITY Atkinson STATE NH ZIP 03811
 PHONE _____ CELL 978 815-7073 EMAIL gsaba@comcast.net
 PROPERTY OWNER (IF DIFFERENT THAN ABOVE) Ted & Dianne Quinn PHONE 617 688-3612

TYPE OF CONSTRUCTION (CHECK ALL THAT APPLY):

NEW CONSTRUCTION RESIDENTIAL SINGLE-FAMILY _____ RESIDENTIAL MULTI-FAMILY _____
 CONDO _____ MOBILE/MANUFACTURED HOME _____ COMMERCIAL _____ INDUSTRIAL _____
 OTHER (PLEASE DESCRIBE): _____

BUILDING SIZE (IN SQUARE FEET) 2,880

COMMENTS (IF APPLICABLE PLEASE LIST NO. OF BUILDINGS AND NO. OF UNITS):

FIXTURE COUNT

BATHROOM		KITCHEN		LAUNDRY		MISC			
SHOWER/TUB COMBO	<input type="text" value="1"/>	SINKS	<input type="text" value="4"/>	SINKS	<input type="text" value="1"/>	WASHING MACHINE	<input type="text" value="1"/>	HOSEBIBS	<input type="text" value="2"/>
BATHTUB	<input type="text" value=""/>	TOILETS	<input type="text" value="3"/>	DISHWASHER	<input type="text" value="1"/>	SINKS	<input type="text" value=""/>	BAR SINKS	<input type="text" value=""/>
SHOWER	<input type="text" value="2"/>	URINALS	<input type="text" value=""/>	OTHER	<input type="text" value=""/>	OTHER	<input type="text" value=""/>	POOL (SIZE)	<input type="text" value=""/>
OVERSIZED BATHTUB (EX: JACUZZI, SOAKER)	<input type="text" value=""/>	BIDET	<input type="text" value=""/>						

PROPERTY OWNER SIGNATURE _____ DATE: _____
 APPLICANT / CORPORATION OFFICER SIGNATURE Glenn T. Saba, Pres DATE: 10/1/2020
 CORPORATION NAME: GSOC Development Corp
 OFFICERS NAME & TITLE (print) Glenn T. Saba, President

I, Dianne Quinn agree that I will not hold the Seabrook Sewer Department responsible for any damages to my property, which may be incurred during, or as a result of the sewer service installation.

Glenn T. Saba
 Property Owner or Agent with Power of Attorney (Signature)

AMOUNT PAID _____ CASH / CHECK # _____ DATE RECEIVED _____ BY _____

TOWN OF SEABROOK
SEWER DEPARTMENT &
WASTEWATER TREATMENT FACILITY
 PO BOX 456 • WRIGHT'S ISLAND • SEABROOK, NH 03874
 PHONE (603) 474-8012 • FAX (603) 474-8014



House Service Connection Ties

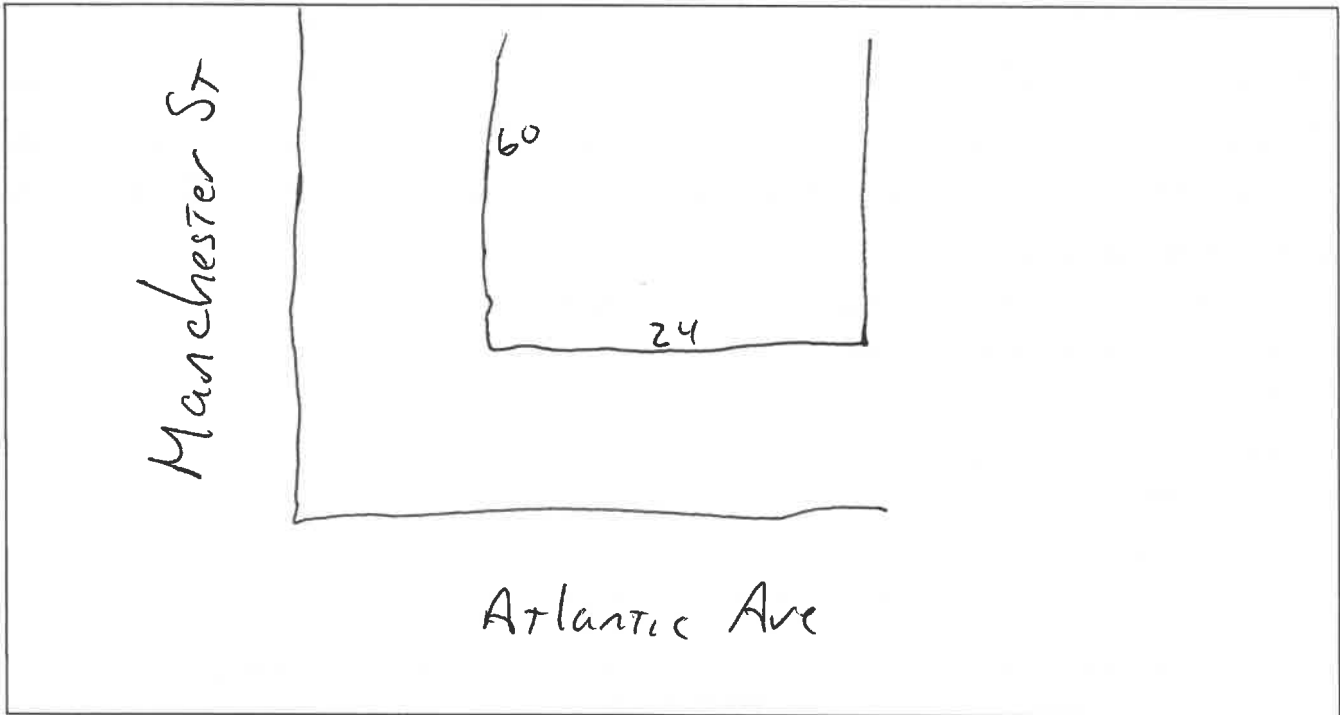
Address: _____

Map: _____

Lot: _____

Seq: _____

Please provide a sketch of the service connection with the approximate length. Please indicate the name of the street and a sketch of the house. In addition please show the approximate distances from any water lines on the property:



Connection to Building

The applicant shall provide proper plumbing of building(s), which shall be in compliance with the International Plumbing Code as well as the rules and ordinances of the Town of Seabrook and the State of New Hampshire. The Town of Seabrook shall inspect and certify the plumbing, including the underground piping (before backfilling), prior to connection to the Town of Seabrook's sewer system.

--OFFICE USE ONLY--

GRANTED _____ DENIED _____ DATE _____

Board of Sewer Commissioners

REASON FOR DENIAL: _____

 (CHAIRMAN)

Sewer Superintendent

Date

AMOUNT PAID _____ CASH / CHECK # _____ DATE RECEIVED _____ BY _____