

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
SEP 04 2020
 Town of Seabrook
SEWER DEPARTMENT



APPLICATION FOR SEWER SERVICE

DATE: 9.2.2020

APPLICANT / BUSINESS NAME Jabe Felch
 SERVICE ADDRESS 23A Worthley Ave
 MAP _____ LOT _____ SEQ. _____ ZONING DISTRICT Res IS LOT IN CURRENT USE? Y/N _____
 MAILING ADDRESS 27B Worthley Ave CITY Seabrook STATE NH ZIP 03874
 PHONE 603 944 1868 CELL _____ EMAIL JWF62686@aol.com
 PROPERTY OWNER (IF DIFFERENT THAN ABOVE) _____ PHONE _____

TYPE OF CONSTRUCTION (CHECK ALL THAT APPLY): but on Condo lot
 NEW CONSTRUCTION ☒ RESIDENTIAL SINGLE-FAMILY ☒ RESIDENTIAL MULTI-FAMILY _____
 CONDO ☒ MOBILE/MANUFACTURED HOME _____ COMMERCIAL _____ INDUSTRIAL _____
 OTHER (PLEASE DESCRIBE): _____

BUILDING SIZE (IN SQUARE FEET) 2781 sq ft

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

one single family home on condo lot behind 23 Worthley Ave.

FIXTURE COUNT

BATHROOM		KITCHEN		LAUNDRY		Misc	
SHOWER/TUB COMBO	<u>1</u> SINKS	<u>15</u> SINKS	<u>1</u> WASHING MACHINE	<u>1</u> HOSEBIBS			
BATHTUB	<u>0</u> TOILETS	<u>13</u> DISHWASHER	<u>1</u> SINKS	<u>1</u> BAR SINKS			
SHOWER	<u>1</u> URINALS	<u>0</u> OTHER	<u>0</u> OTHER	<u>1</u> POOL (SIZE)			
OVERSIZED BATHTUB (EX: JACUZZI, SOAKER)	<u>1</u> BIDET	<u>0</u>					

PROPERTY OWNER SIGNATURE Jabe Felch DATE: 9.2.2020
 APPLICANT CORPORATION OFFICER SIGNATURE Jabe Fa DATE: 9.2.2020
 CORPORATION NAME: _____
 OFFICERS NAME & TITLE (print) _____

I, Jabe Felch 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.

Jabe Felch
 Property Owner or Agent with Power of Attorney (Signature)

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

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House Service Connection Ties

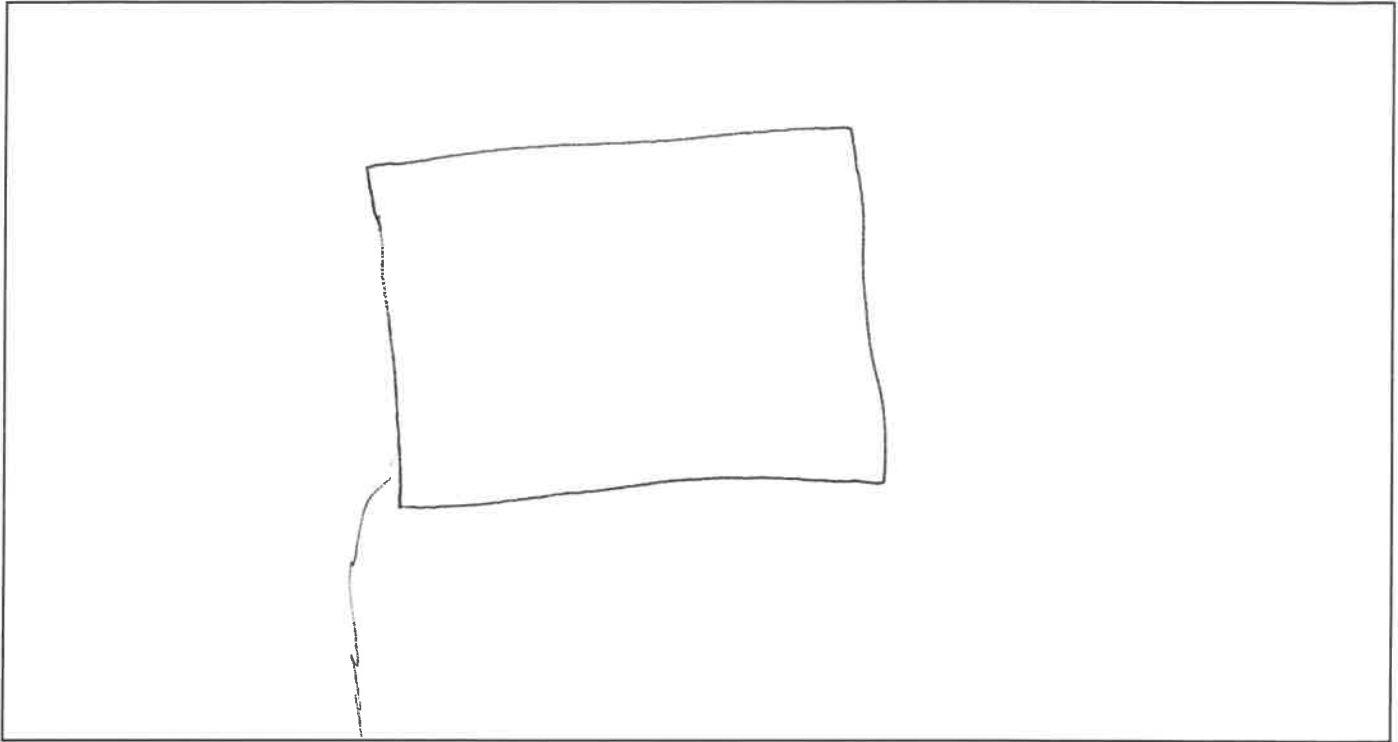
Address: 23A Worthley Ave

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

9/4/2020
Date

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