

**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



**APPLICATION FOR SEWER SERVICE**

DATE: 9-17-20

APPLICANT / BUSINESS NAME

Debra Sebastian

SERVICE ADDRESS

99 Railroad Ave, Seabrook, N.H., 03874

MAP

LOT

SEQ.

ZONING DISTRICT

IS LOT IN CURRENT USE? Y / N

MAILING ADDRESS

99 Railroad Ave, City Seabrook STATE N.H., ZIP 03874

PHONE

CELL

978-992-2497

EMAIL

Debrasebastian96@gmail.com

PROPERTY OWNER (IF DIFFERENT THAN ABOVE)

PHONE

**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)

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

THERE IS ANOTHER UNIT ON PROPERTY

**FIXTURE COUNT**

**BATHROOM**

SHOWER/TUB COMBO

☐

SINKS

☐

BATHTUB

☐

TOILETS

☐

SHOWER

☐

URINALS

☐

OVERSIZED BATHTUB (EX:  
JACUZZI, SOAKER)

☐

BIDET

☐

**KITCHEN**

SINKS

☐

DISHWASHER

☐

OTHER

☐

**LAUNDRY**

WASHING MACHINE

☐

SINKS

☐

OTHER

☐

**MISC**

HOSEBIBS

☐

BAR SINKS

☐

POOL (SIZE)

☐

PROPERTY OWNER SIGNATURE

Debra Sebastian

DATE: 9-17-20

APPLICANT / CORPORATION OFFICER SIGNATURE

DATE:

CORPORATION NAME:

OFFICERS NAME & TITLE (print)

I, Debra Sebastian

Property Owner (print)

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.

Property Owner or Agent with Power of Attorney (Signature)

AMOUNT PAID 50.00 CASH / CHECK # 6646 DATE RECEIVED 9/17/20 BY EW

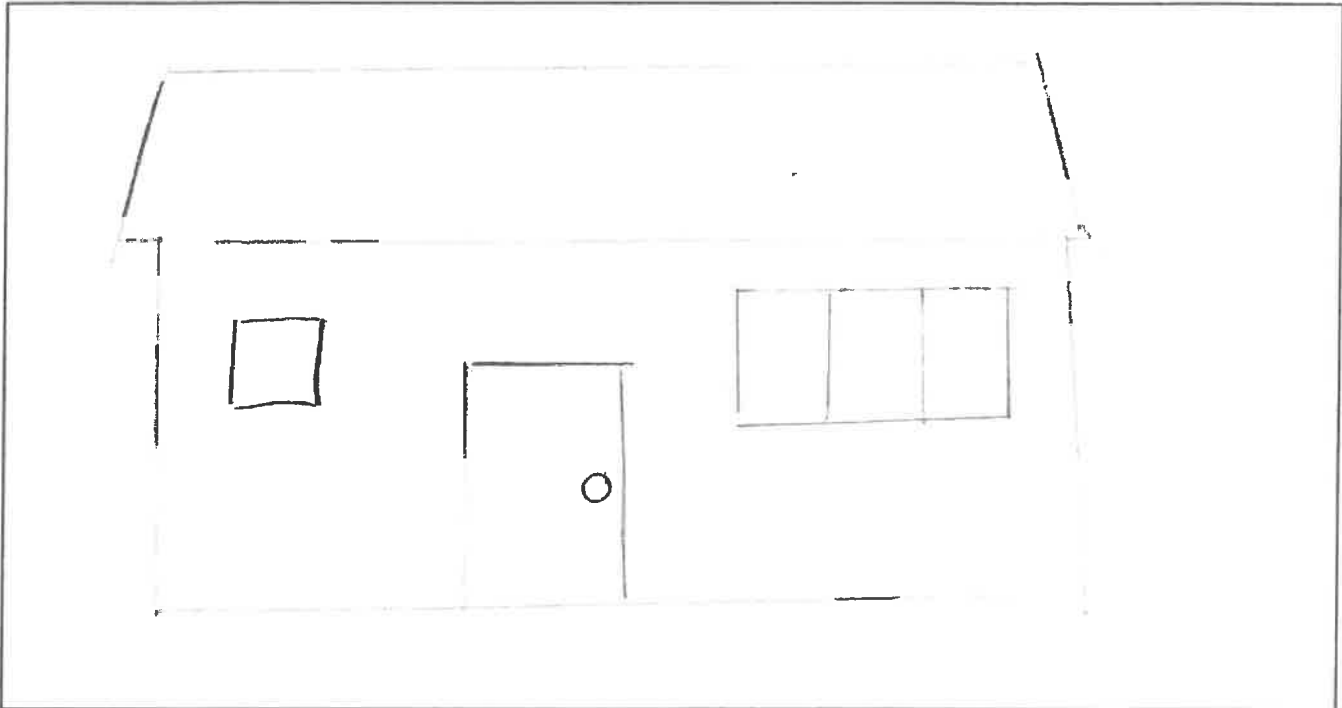
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**House Service Connection Ties**

Address: 99 Railroad Ave, Seabrook, N.H. 03874  
 Map: 8 Lot: 64 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)

[Signature]  
 Sewer Superintendent

9/18/2020  
 Date

AMOUNT PAID \_\_\_\_\_ CASH / CHECK # \_\_\_\_\_ DATE RECEIVED \_\_\_\_\_ BY \_\_\_\_\_