

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 27 2020



Town of Seabrook
SEWER DEPARTMENT

DATE: 10/25/20

APPLICATION FOR SEWER SERVICE

APPLICANT / BUSINESS NAME ~~Walton~~ Lawrence Perkins

SERVICE ADDRESS 99 Walton Rd.

MAP _____ LOT _____ SEQ. _____ ZONING DISTRICT _____ IS LOT IN CURRENT USE? Y/N _____

MAILING ADDRESS 49 Washington St. CITY Seabrook STATE NH ZIP 03874

PHONE 603-394-5916 CELL _____ EMAIL koko.namy@comcast.net

PROPERTY OWNER (IF DIFFERENT THAN ABOVE) _____ PHONE 394-5916

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) 3000^{sq}

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

FIXTURE COUNT

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

PROPERTY OWNER SIGNATURE Lawrence Perkins

DATE: 10/25/20

APPLICANT / CORPORATION OFFICER SIGNATURE _____

DATE: _____

CORPORATION NAME: _____

OFFICERS NAME & TITLE (print) _____

I, Lawrence Perkins 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.

Lawrence Perkins
 Property Owner or Agent with Power of Attorney (Signature)

AMOUNT PAID 800.⁰⁰ ~~CASH~~ CHECK # 638 DATE RECEIVED 10/27/20 BY [Signature]



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 10/27/2020
 _____ Date

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