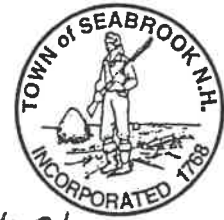


**TOWN OF SEABROOK
SEWER DEPARTMENT &
WASTEWATER TREATMENT FACILITY**
PO BOX 456 • WRIGHT'S ISLAND • SEABROOK, NH 03874
PHONE (603) 474-8012 • FAX (603) 474-8014



APPLICATION FOR SEWER SERVICE

DATE: 10/28/2020

APPLICANT / BUSINESS NAME Joseph Franciosa
 SERVICE ADDRESS 175 Lowell Collins St
 MAP 14 LOT 28 SEQ. 1 ZONING DISTRICT 2R IS LOT IN CURRENT USE? Y/N
 MAILING ADDRESS 609 Venora St. CITY Haverhill STATE MA ZIP 01830
 PHONE _____ CELL 978 276 1100 EMAIL jfranciosa95@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) 2112

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

Left Side of Duplex
Use Existing Lateral with a "Y" to feed both units
1 Building 2 units

FIXTURE COUNT

BATHROOM		KITCHEN		LAUNDRY		Misc	
SHOWER/TUB COMBO	<input type="text" value="2"/>	SINKS	<input type="text" value="3"/>	WASHING MACHINE	<input type="text" value="1"/>	HOSEBIBS	<input type="text" value="6"/>
BATHTUB	<input type="text" value="0"/>	TOILETS	<input type="text" value="3"/>	SINKS	<input type="text" value="0"/>	BAR SINKS	<input type="text" value="0"/>
SHOWER	<input type="text" value="0"/>	URINALS	<input type="text" value="0"/>	OTHER	<input type="text" value="0"/>	POOL (SIZE)	
OVERSIZED BATHTUB (EX: JACUZZI, SOAKER)	<input type="text" value="0"/>	BIDET	<input type="text" value="0"/>				

PROPERTY OWNER SIGNATURE _____ DATE: 10/28/2020
 APPLICANT / CORPORATION OFFICER SIGNATURE _____ DATE: 10/28/2020
 CORPORATION NAME: _____

OFFICERS NAME & TITLE (print) Joseph Franciosa

I, Joseph Franciosa 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 # 1933 DATE RECEIVED 11-4-20 BY S.B.

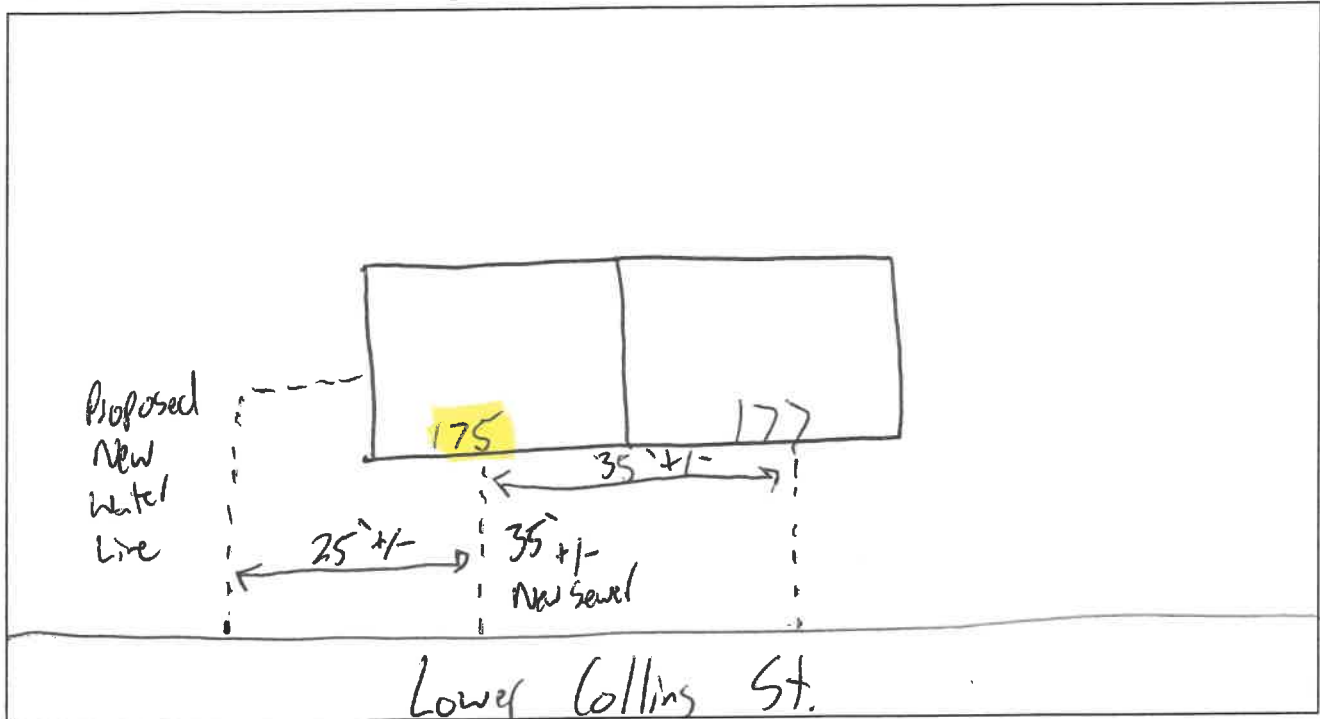
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Address: 175 Lower Collins St. House Service Connection Ties

Map: 14 Lot: 208 Seq: 1

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

11/4/2020
Date

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