

**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 177 Lower Collins St.

MAP 14 LOT 28 SEQ. 1 ZONING DISTRICT 2R IS LOT IN CURRENT USE? Y/ N

MAILING ADDRESS 629 Kenos St CITY Haverhill STATE MA ZIP 01830

PHONE 978 476 1100 CELL \_\_\_\_\_ 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) 2,112

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

Right Side of Duplex 1 Building 2 Units  
Use Existing Lateral with A "by" to Feed Both Units

**FIXTURE COUNT**

BATHROOM		KITCHEN		LAUNDRY		MISC	
SHOWER/TUB COMBO	<u>2</u>	SINKS	<u>3</u>	WASHING MACHINE	<u>1</u>	HOSEBIBS	<u>0</u>
BATHTUB	<u>0</u>	TOILETS	<u>3</u>	DISHWASHER	<u>1</u>	BAR SINKS	<u>0</u>
SHOWER	<u>0</u>	URINALS	<u>0</u>	OTHER	<u>0</u>	POOL (SIZE)	
OVERSIZED BATHTUB (EX: JACUZZI, SOAKER)	<u>0</u>	BIDET	<u>0</u>				

PROPERTY OWNER SIGNATURE [Signature] DATE: 10/28/2020

APPLICANT / CORPORATION OFFICER SIGNATURE [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.

[Signature]  
 Property Owner or Agent with Power of Attorney (Signature)

AMOUNT PAID \$800.00 CASH / CHECK # 1933 DATE RECEIVED 11-4-20 BY S.G.

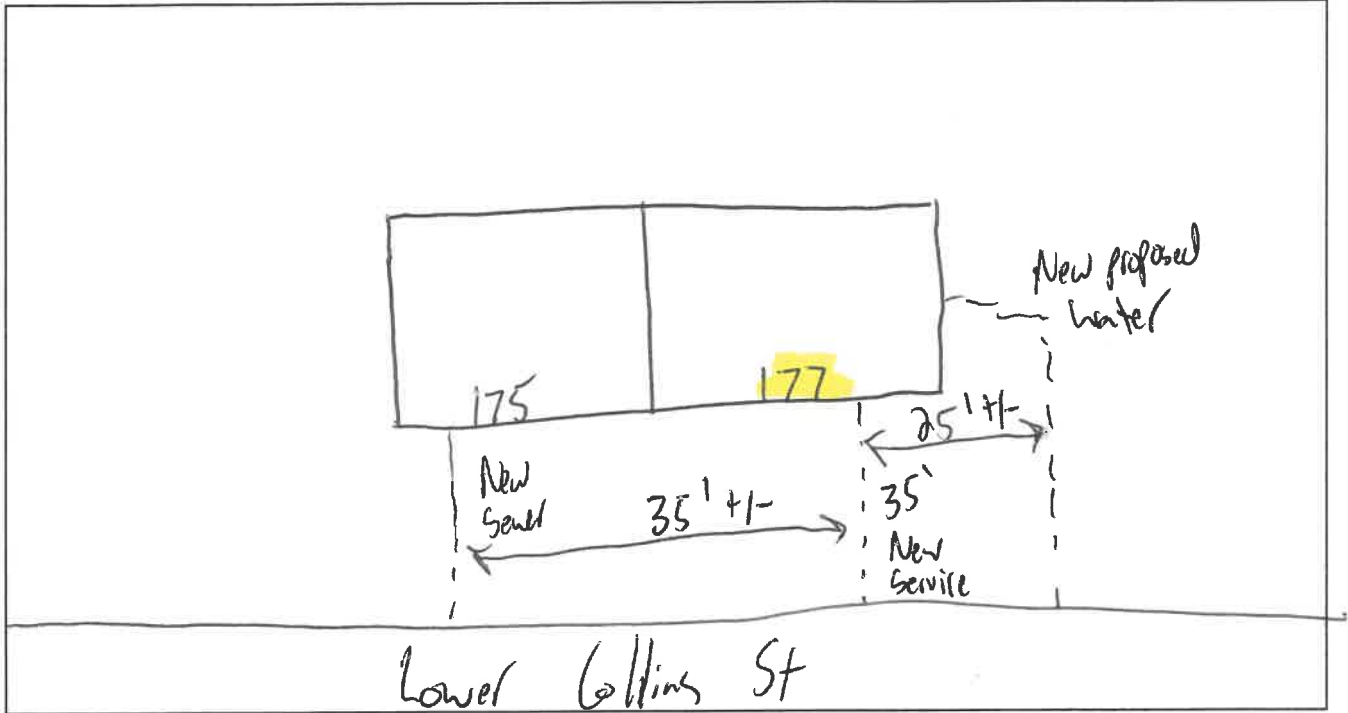
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**House Service Connection Ties**

Address: 177 Lower Collins St  
 Map: 14 Lot: 28 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 \_\_\_\_\_