

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

FEB 16 2021

Town of Seabrook, NH



APPLICATION FOR SEWER SERVICE

DATE: 2-15-21

APPLICANT / BUSINESS NAME William McClellan OLD STAGE RD LLC

SERVICE ADDRESS 219-2 SOUTH MAIN ST.

MAP 16 LOT 12 SEQ. 2 ZONING DISTRICT _____ IS LOT IN CURRENT USE? Y/N _____

MAILING ADDRESS 52 Wholey Way CITY PORTSMOUTH STATE NH ZIP 03801

PHONE 603-231-5427 CELL _____ EMAIL Billy McClellan@mac.com

PROPERTY OWNER (IF DIFFERENT THAN ABOVE) 177 ASH SWAMP RD. LLC. PHONE SAME

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) 2,000

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

FIXTURE COUNT

BATHROOM		KITCHEN		LAUNDRY		MISC	
SHOWER/TUB COMBO	<input type="checkbox"/> 2	SINKS	<input type="checkbox"/> 5	WASHING MACHINE	<input type="checkbox"/> 1	HOSEBIBS	<input type="checkbox"/> 2
BATHTUB	<input type="checkbox"/>	TOILETS	<input type="checkbox"/> 3	SINKS	<input type="checkbox"/> 1	BAR SINKS	<input type="checkbox"/>
SHOWER	<input type="checkbox"/>	URINALS	<input type="checkbox"/>	OTHER	<input type="checkbox"/>	POOL (SIZE)	<input type="checkbox"/>
OVERSIZED BATHTUB (EX: JACUZZI, SOAKER)	<input type="checkbox"/>	BIDET	<input type="checkbox"/>				

PROPERTY OWNER SIGNATURE

DATE: 2-15-21

APPLICANT / CORPORATION OFFICER SIGNATURE

DATE: 2-15-21

CORPORATION NAME: _____

OFFICERS NAME & TITLE (print) William McClellan

I, William McClellan 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 800.00 CASH / CHECK # 1631 DATE RECEIVED 2-16-21 BY S.G.

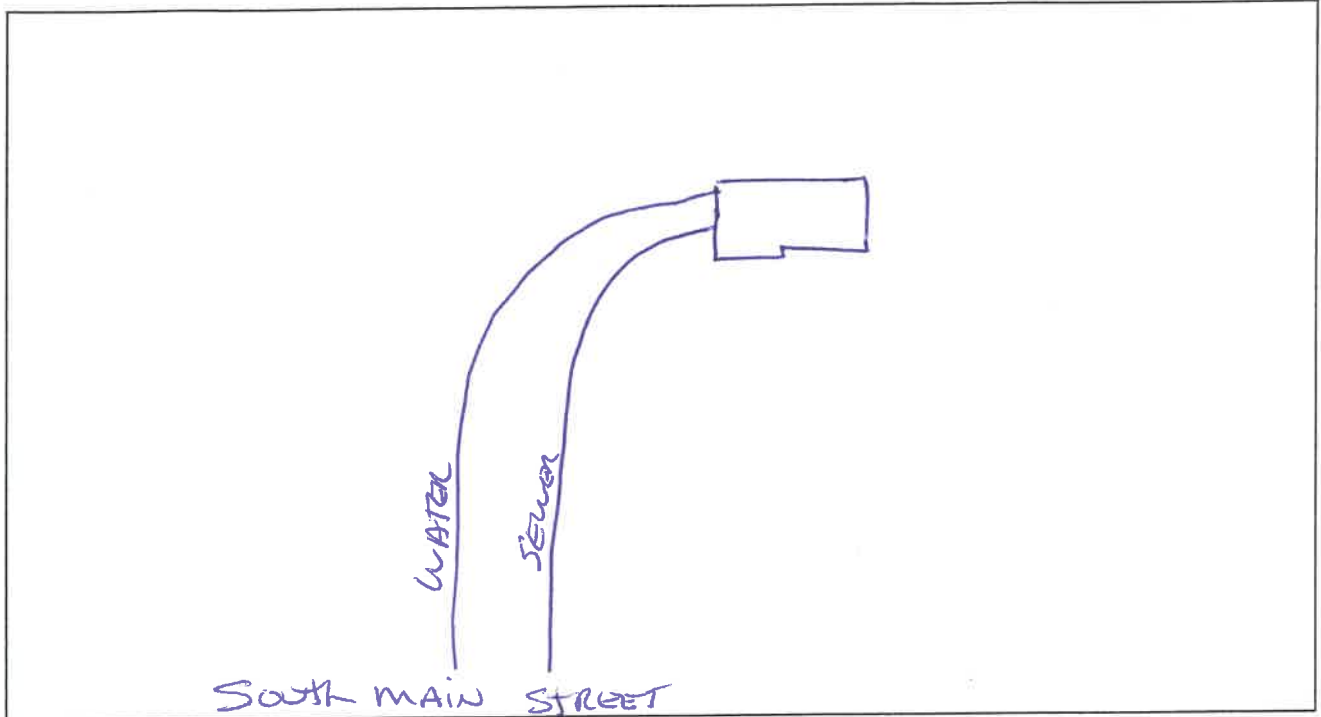
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House Service Connection Ties

Address: 219-2 SOUTH MAIN ST
 Map: 16 Lot: 12 Seq: 2

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--

Board of Sewer Commissioners

GRANTED _____ DENIED _____ DATE _____

REASON FOR DENIAL: _____ (CHAIRMAN)

[Signature] _____
 Sewer Superintendent Date

AMOUNT PAID 800.00 CASH / CHECK # 1631 DATE RECEIVED 2-16-21 BY S.C.