

TOWN OF SEABROOK
SEWER DEPARTMENT &
WASTEWATER TREATMENT FACILITY
 PO BOX 436 • WRIGHT'S ISLAND • SEABROOK, NH 03874
 PHONE (603) 474-8012 • FAX (603) 474-8014



APPLICATION FOR SEWER SERVICE

DATE: 2/13/2021

APPLICANT / BUSINESS NAME Salem Manufactured Homes LLC
 SERVICE ADDRESS 186 Orchard St
 MAP 14 LOT 6 SEQ. S3 ZONING DISTRICT _____ IS LOT IN CURRENT USE? Y/N _____
 MAILING ADDRESS PO Box 54 CITY Salem STATE NH ZIP 03079
 PHONE 603 898 2144 CELL - EMAIL adam@Salemnh.com
 PROPERTY OWNER (IF DIFFERENT THAN ABOVE) Seacrest Co-Op Inc PHONE 508 454-1577

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) 958

COMMENTS (IF APPLICABLE, PLEASE LIST NO. OF BUILDINGS AND NO. OF UNITS)
connect new replacement manufactured home to existing sewer service

BATHROOM		FIXTURE COUNT			LAUNDRY		MISC	
		KITCHEN						
SHOWER/TUB COMBO	<input type="checkbox"/> 1	SINKS	<input type="checkbox"/> 1	WASHING MACHINE	<input type="checkbox"/> 1	HOSEBIBS	<input type="checkbox"/>	
BATH/TUB	<input type="checkbox"/> 0	TOILETS	<input type="checkbox"/> 1	DISHWASHER	<input type="checkbox"/> 0	BAR SINKS	<input type="checkbox"/>	
SHOWER	<input type="checkbox"/> 1	URINALS	<input type="checkbox"/> 0	OTHER	<input type="checkbox"/> 0	POOL (SIZE)	<input type="checkbox"/>	
OVERSIZED BATH/TUB (EX: JACUZZI, SOAKER)	<input type="checkbox"/> 0	BIDET	<input type="checkbox"/> 0					

PROPERTY OWNER SIGNATURE Bill Dunk DATE: _____
 APPLICANT / CORPORATION OFFICER SIGNATURE Adam Gidley DATE: _____
 CORPORATION NAME: Salem Manufactured Homes LLC
 OFFICERS NAME & TITLE (print) Adam Gidley Asst. Manager

I, Bill Dunk _____ 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 (print)

 Property Owner or Agent with Power of Attorney (Signature)

AMOUNT PAID \$ 50 CASH / CHECK # 33345 DATE RECEIVED 3-9-21 BY S.G.

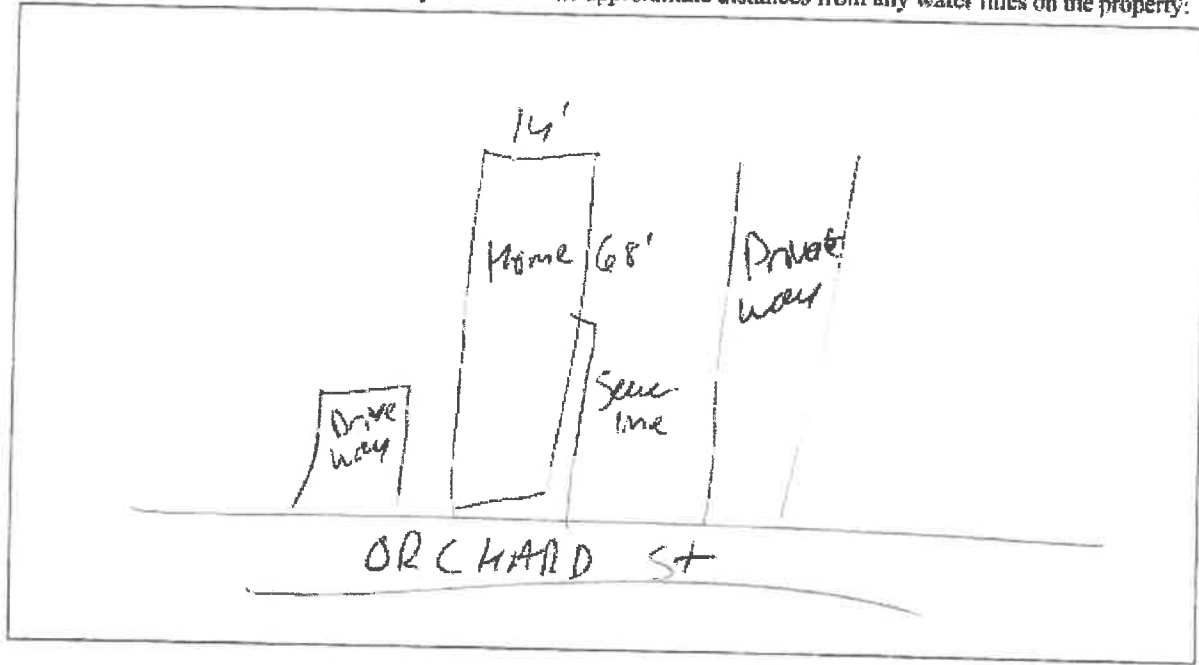
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House Service Connection Ties

Address: ~~106 Orchard St~~ 186 Orchard St
 Map: 14 Lot: 6 Seq: 53

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] 3/10/2021
 Sewer Superintendent Date

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