

**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: 3/9/21

APPLICANT / BUSINESS NAME Stargazer R.E. Dev. LLC P. Legere, Mgr
 SERVICE ADDRESS 7 Pine Road AKA 463A N. Zealand
 MAP 2 LOT 11 SEQ. _____ ZONING DISTRICT _____ IS LOT IN CURRENT USE? Y N
 MAILING ADDRESS P.O. Box 668 CITY H. Falls STATE NH ZIP _____
 PHONE 928-1400 CELL 617 803 2177 EMAIL gani@thehamptonre.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) 2052

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 checked="" type="checkbox"/>	WASHING MACHINE <input checked="" 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"/>		
	BIDET <input type="checkbox"/>		

PROPERTY OWNER SIGNATURE [Signature] DATE: 3/9/21

APPLICANT / CORPORATION OFFICER SIGNATURE _____ DATE: _____

CORPORATION NAME: _____

OFFICERS NAME & TITLE (print) Paul Legere, Member

I, Paul Legere Stargazer 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 \$50.00 CASH / CHECK # 218 DATE RECEIVED 3-11-21 BY S.G.

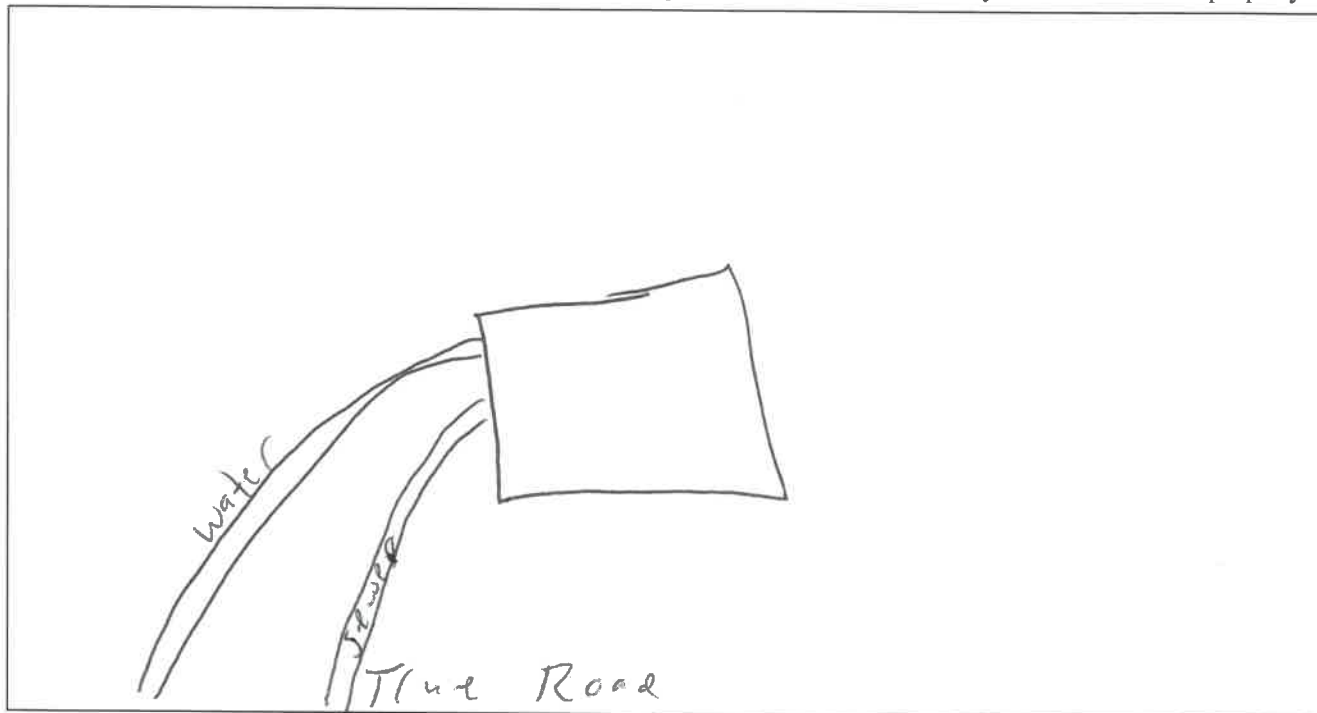
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House Service Connection Ties

Address: 7 Tine Road
 Map: 2 Lot: 11 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) _____

[Signature] _____ Date 3/12/21

Sewer Superintendent

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