

**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  
 ACCOUNT # 103550



**APPLICATION FOR SEWER SERVICE**

DATE: 4/9/21

APPLICANT / BUSINESS NAME B.G. Corey Landscaping + Construction, LLC

SERVICE ADDRESS 319 RT 286 Seabrook NH

MAP 17 LOT 9 SEQ. 0 ZONING DISTRICT \_\_\_\_\_ IS LOT IN CURRENT USE?  Y  N

MAILING ADDRESS 25A WALTON RD CITY Plaistow STATE NH ZIP 03865

PHONE 603-235-8464 CELL \_\_\_\_\_ EMAIL BGCorey1@gmail.com

PROPERTY OWNER (IF DIFFERENT THAN ABOVE) Jame Sullivan PHONE 978-857-8688

**TYPE OF CONSTRUCTION (CHECK ALL THAT APPLY):**

NEW CONSTRUCTION \_\_\_\_\_ RESIDENTIAL SINGLE-FAMILY \_\_\_\_\_ RESIDENTIAL MULTI-FAMILY \_\_\_\_\_

CONDO \_\_\_\_\_ MOBILE/MANUFACTURED HOME \_\_\_\_\_ COMMERCIAL \_\_\_\_\_ INDUSTRIAL \_\_\_\_\_

OTHER (PLEASE DESCRIBE): Garages + Golf course, Locker Room

BUILDING SIZE (IN SQUARE FEET) 600 sq ft

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

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**FIXTURE COUNT**

**BATHROOM**

**KITCHEN**

**LAUNDRY**

**MISC**

SHOWER/TUB COMBO	<input checked="" type="checkbox"/>	SINKS	<input type="checkbox"/>	S	<input type="checkbox"/>	WASHING MACHINE	<input type="checkbox"/>	HOSEBIBS	<input type="checkbox"/>
BATHTUB	<input checked="" type="checkbox"/>	TOILETS	<input type="checkbox"/>	DISHWASHER	<input type="checkbox"/>	SINKS	<input type="checkbox"/>	BAR SINKS	<input type="checkbox"/>
<u>SHOWER</u>	<input checked="" type="checkbox"/>	URINALS	<input type="checkbox"/>	OTHER	<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 Jame Sullivan DATE: \_\_\_\_\_

APPLICANT / CORPORATION OFFICER SIGNATURE Britton Corey DATE: 4/9/21

CORPORATION NAME: BG Corey Landscaping + Construction

OFFICERS NAME & TITLE (print) General Owner Britton Corey

I, Jame Sullivan 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.

Jame Sullivan  
 Property Owner or Agent with Power of Attorney (Signature)

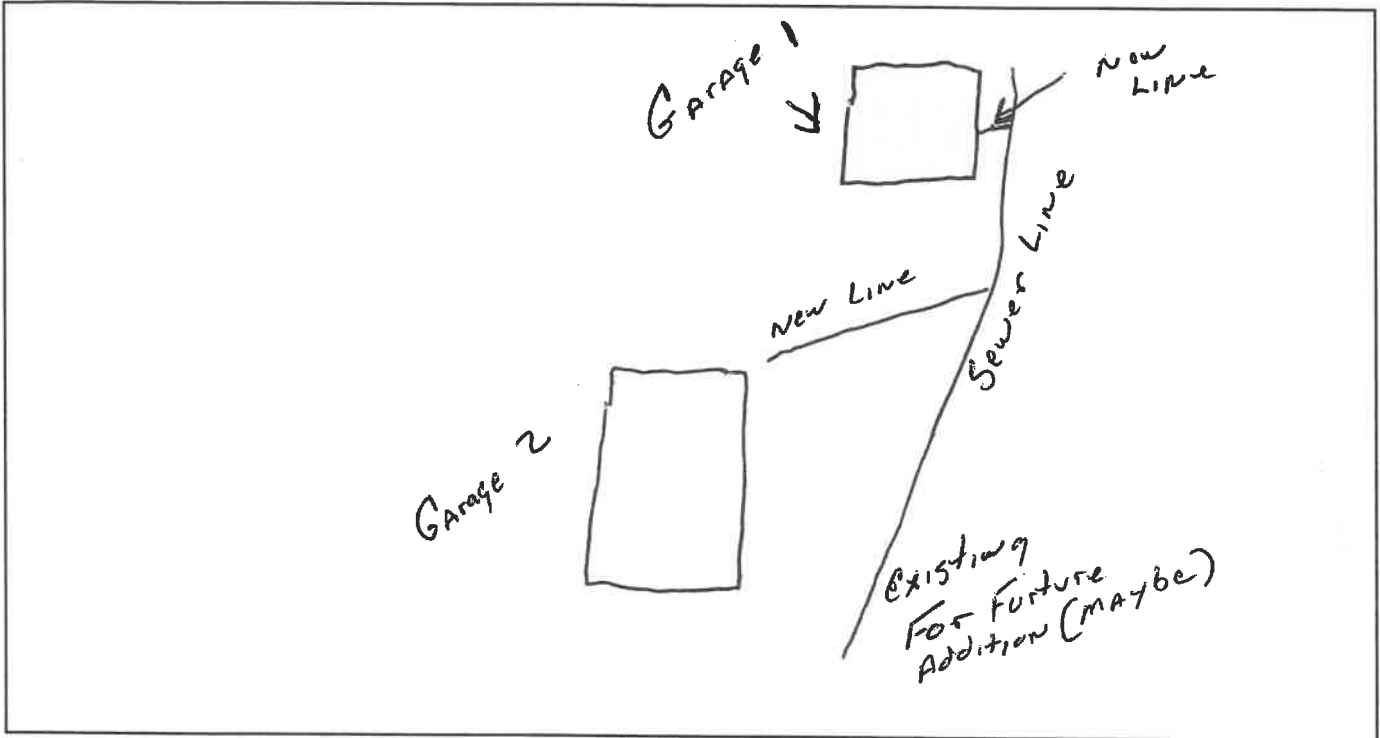
AMOUNT PAID 5000  CASH / CHECK # \_\_\_\_\_ DATE RECEIVED 4-9-21 BY S.B.



**House Service Connection Ties**

Address: 319 RT 286 Seabrook NH  
 Map: 17 Lot: 9 Seq: 0

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

4/13/2021  
Date

AMOUNT PAID \_\_\_\_\_ CASH / CHECK # \_\_\_\_\_ DATE RECEIVED \_\_\_\_\_ BY \_\_\_\_\_