

**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: 3/31/21

APPLICANT / BUSINESS NAME GRAY CONSTRUCTION

SERVICE ADDRESS 107 ATLANTIC AVE

MAP 21 LOT 14 SEQ. 4 ZONING DISTRICT B2ES IS LOT IN CURRENT 1

MAILING ADDRESS PO BOX 252 CITY RYE STATE NH ZIP \_\_\_\_\_

PHONE 603-964-9234 CELL 312-3304 EMAIL chuck@graycontract

PROPERTY OWNER (IF DIFFERENT THAN ABOVE) DOMENIC MAZZACCO PHONE 978-

**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) \_\_\_\_\_

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

DEMO OF EXISTING SINGLE FAMILY HOUSE TO BUILD NEW SINGLE FAMILY HOUSE

		FIXTURE COUNT						
BATHROOM		KITCHEN		LAUNDRY		MI		
SHOWER/TUB COMBO	<input type="text" value="0"/>	SINKS	<input type="text" value="8"/>	SINKS	<input type="text" value="1"/>	WASHING MACHINE	<input type="text" value="2"/>	HOSEBIBS
BATHTUB	<input type="text" value="1"/>	TOILETS	<input type="text" value="5"/>	DISHWASHER	<input type="text" value="1"/>	SINKS	<input type="text" value="2"/>	BAR SINKS
SHOWER	<input type="text" value="4"/>	URINALS	<input type="text"/>	OTHER	<input type="text"/>	OTHER	<input type="text"/>	POOL (SIZE)
OVERSIZED BATHTUB (EX: JACUZZI, SOAKER)	<input type="text" value="0"/>	BIDET	<input type="text"/>					

PROPERTY OWNER SIGNATURE Domenic Mazzocco DATE: 4/1

APPLICANT / CORPORATION OFFICER SIGNATURE Chuck White DATE: 3

CORPORATION NAME: GRAY CONSTRUCTION

OFFICERS NAME & TITLE (print) CHUCK WHITE / GENERAL MANAGER

DOMENIC MAZZACCO 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 installation.

Domenic Mazzocco  
 Property Owner or Agent with Power of Attorney (Signature)

AMOUNT PAID \$100.00 CASH / CHECK # 20991 DATE RECEIVED 4-5-21 BY S.G

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House Service Connection Ties

Address: 107 ATLANTIC AVE

Map: 21

Lot: 14

Seq: 4

Please provide a sketch of the service connection with the approximate length. Please indicate the name of and a sketch of the house. In addition please show the approximate distances from any water lines on the

\* PLEASE SEE ATTACHED EXISTING + PROPOSED SITE PLAN

Connection to Building

The applicant shall provide proper plumbing of building(s), which shall be in compliance with the International Pl 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 Commission

REASON FOR DENIAL: \_\_\_\_\_

(CHAIRMAN)

*[Signature]*  
Sewer Superintendent

4/15/2021  
Date

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