

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 - NEW LOT

DATE: 4-14-21

APPLICANT / BUSINESS NAME ²⁰⁵ Bristol Street LLC

SERVICE ADDRESS 206 Bristol St. Seabrook NH

MAP 20 LOT 206 SEQ. _____ ZONING DISTRICT _____ IS LOT IN CURRENT USE? Y/N

MAILING ADDRESS 9 Fox Hollow Ln. CITY Plaistow STATE NH ZIP 03065

PHONE _____ CELL 978 852 3916 EMAIL emorse@sigmawifi.com

PROPERTY OWNER (IF DIFFERENT THAN ABOVE) Same 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) 2520 + basement

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

FIXTURE COUNT

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

PROPERTY OWNER SIGNATURE [Signature] DATE: 4-14-21

APPLICANT / CORPORATION OFFICER SIGNATURE [Signature] DATE: 4-14-21

CORPORATION NAME: 205 Bristol Street LLC

OFFICERS NAME & TITLE (print) William E. Morse II

I, William E Morse II 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 800.00 CASH / CHECK # 2650 DATE RECEIVED 4-14-21 BY S.G.

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House Service Connection Ties

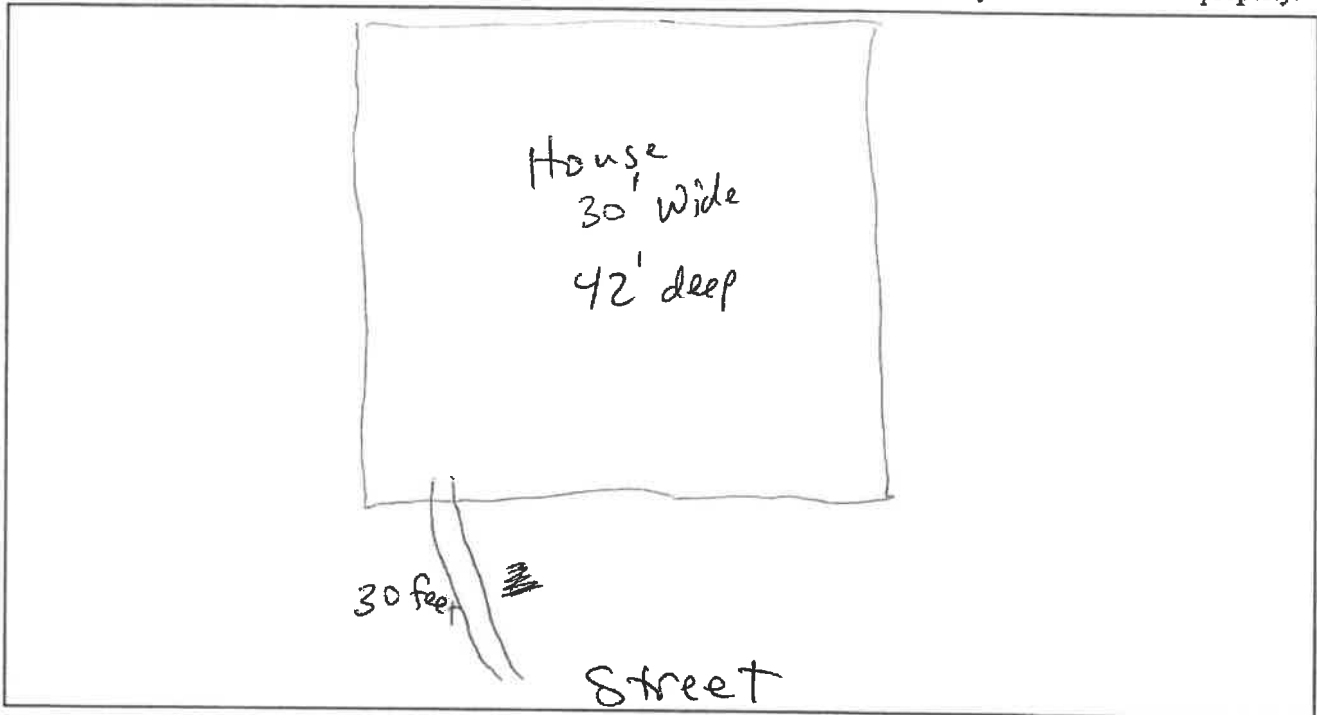
Address: _____

Map: 20

Lot: 206

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]
 Sewer Superintendent

9/14/2021
 Date

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