

**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 Walter 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 978-857-8689

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"/>	WASHING MACHINE	<input type="checkbox"/>	HOSEBIBS	<input type="checkbox"/>
BATHTUB	<input checked="" type="checkbox"/>	TOILETS	<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"/>	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 Britten Corey DATE: 4/9/21

CORPORATION NAME: B.G. Corey Landscaping + Construction

OFFICERS NAME & TITLE (print) General Owner Britten Corey

I, Jame Sullivan Property Owner (print) 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.G.

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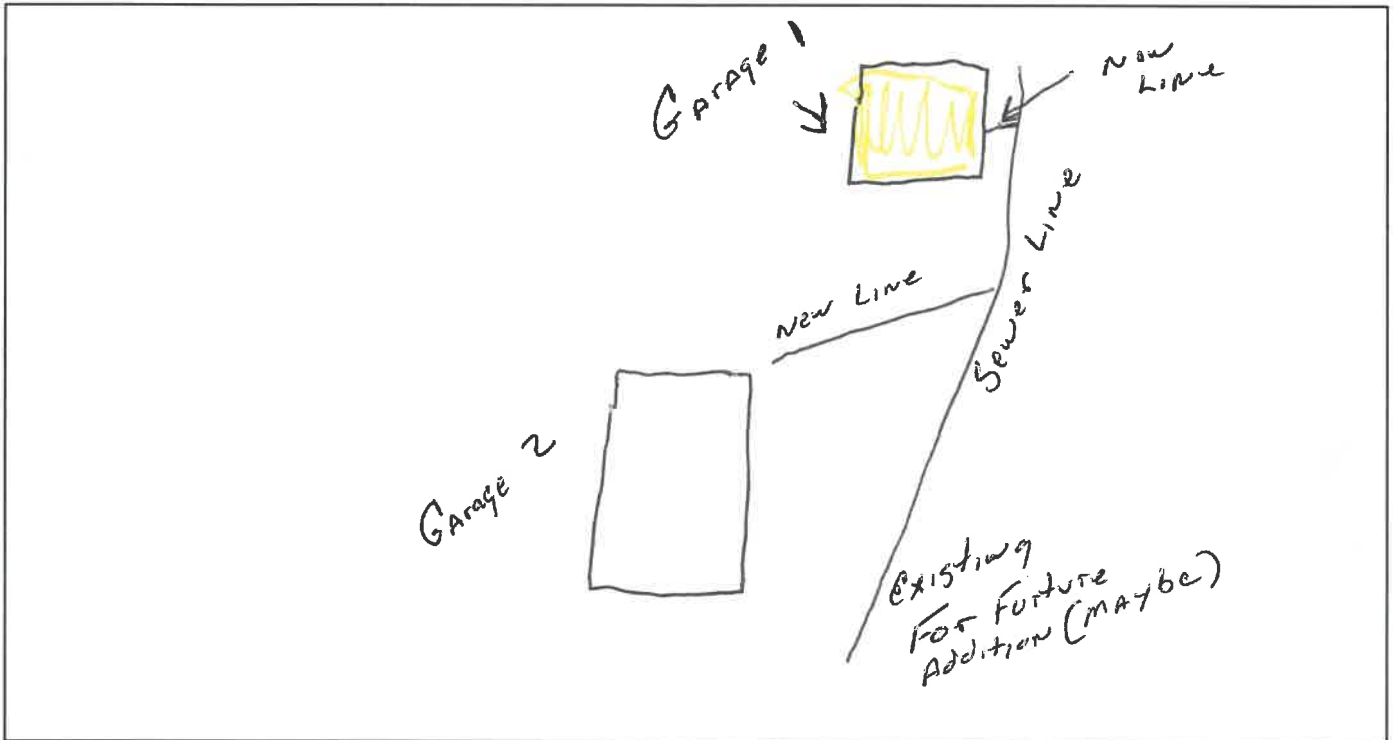


House Service Connection Ties

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 _____