

**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: 4/23/21

APPLICANT / BUSINESS NAME Patrick Coughlin

SERVICE ADDRESS 38 Hooksett St Seabrook, NH

MAP 21 LOT 38 SEQ. \_\_\_\_\_ ZONING DISTRICT \_\_\_\_\_ IS LOT IN CURRENT USE? Y / N

MAILING ADDRESS 106 Luce St CITY Lowell STATE MA ZIP 01852

PHONE 978-453-5743 CELL 617-413-6195 EMAIL PCoughlin@Comcast.net

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): Replacing old home with a new one

BUILDING SIZE (IN SQUARE FEET) \_\_\_\_\_

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

We are building a new home on an existing property. We did not  
change the water line. The town line out and took  
their own measurements.

**FIXTURE COUNT**

BATHROOM		KITCHEN		LAUNDRY		MISC	
SHOWER/TUB COMBO	<u>2</u>	SINKS	<u>4</u>	SINKS	<input checked="" type="checkbox"/>	WASHING MACHINE	<input type="checkbox"/>
BATHTUB	<u>3</u>	TOILETS	<u>1</u>	DISHWASHER	<input type="checkbox"/>	SINKS	<input type="checkbox"/>
SHOWER	<input type="checkbox"/>	URINALS	<input type="checkbox"/>	OTHER	<input type="checkbox"/>	OTHER	<input type="checkbox"/>
OVERSIZED BATHTUB (EX: JACUZZI, SOAKER)	<u>1</u>	BIDET	<input type="checkbox"/>				
						POOL (SIZE)	<input type="checkbox"/>

PROPERTY OWNER SIGNATURE Patrick J. Coughlin DATE: 4/22/21

APPLICANT / CORPORATION OFFICER SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_

CORPORATION NAME: \_\_\_\_\_

OFFICERS NAME & TITLE (print) \_\_\_\_\_

I, Patrick J. Coughlin 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.

Patrick J. Coughlin  
 Property Owner or Agent with Power of Attorney (Signature)

AMOUNT PAID \$50 CASH / CHECK # 3025 DATE RECEIVED 4-29-21 BY S.G.

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**House Service Connection Ties**

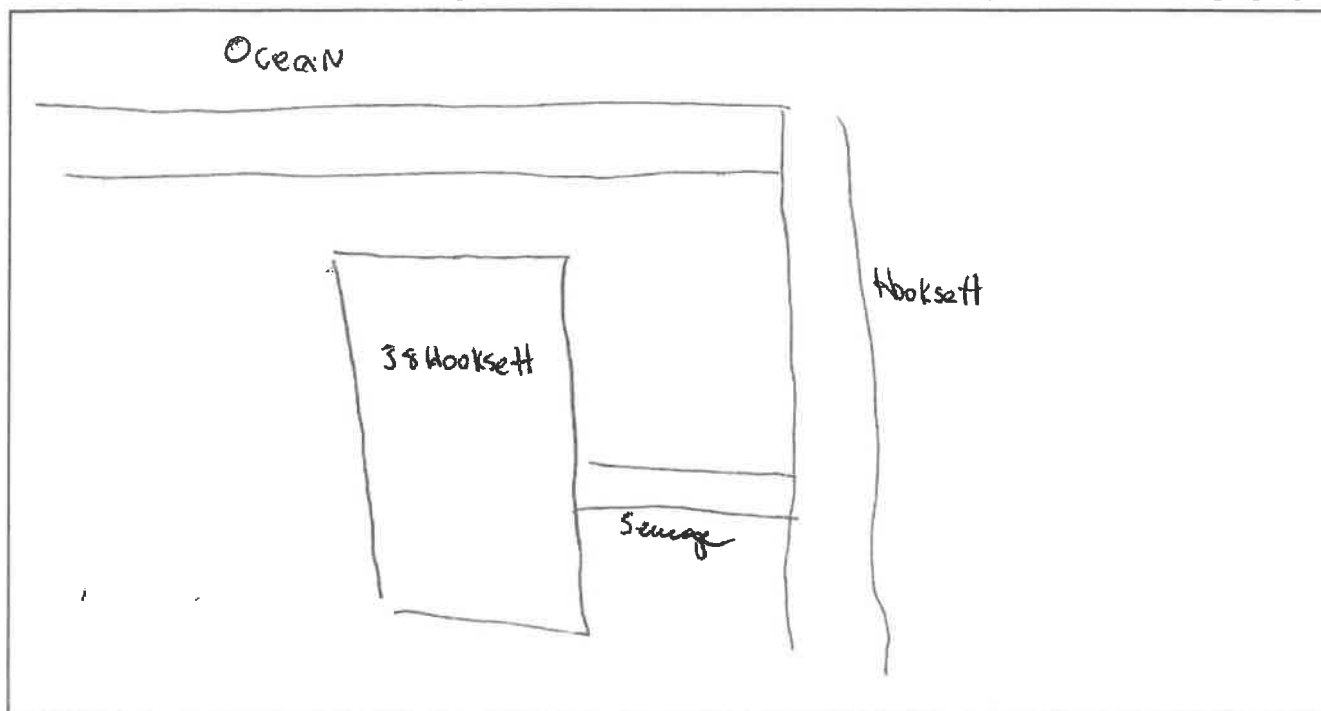
Address: 38 Hooksett

Map: 21

Lot: 38

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)

Sewer Superintendent

5/4/2021  
 Date

Amount Paid 50 Cash/Check# 3025 Date 4-29-21 By S.G.