

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: 4/29/2021

APPLICANT / BUSINESS NAME AMB Custom Structures & Design Inc

SERVICE ADDRESS 7 Tyngsboro St

MAP 21 LOT 25 SEQ. 26 ZONING DISTRICT 9 IS LOT IN CURRENT USE? Y(N)

MAILING ADDRESS PO Box 244 CITY Newmarket STATE NH ZIP 08857

PHONE 603-659-5916 CELL _____ EMAIL ambcustom@comcast.net

PROPERTY OWNER (IF DIFFERENT THAN ABOVE) Dennis Bilodeau 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) _____

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

FIXTURE COUNT

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

PROPERTY OWNER SIGNATURE _____ DATE: _____

APPLICANT / CORPORATION OFFICER SIGNATURE _____ DATE: 4/29/2021

CORPORATION NAME: AMB Custom Structures & Design, Inc

OFFICERS NAME & TITLE (print) Amos Blanchard - President

I, Dennis Bilodeau 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.

 Property Owner or Agent with Power of Attorney (Signature)

AMOUNT PAID _____	CASH / CHECK # _____	DATE RECEIVED <u>4/29/21</u>	BY <u>SG</u>
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Will Bill \$5000

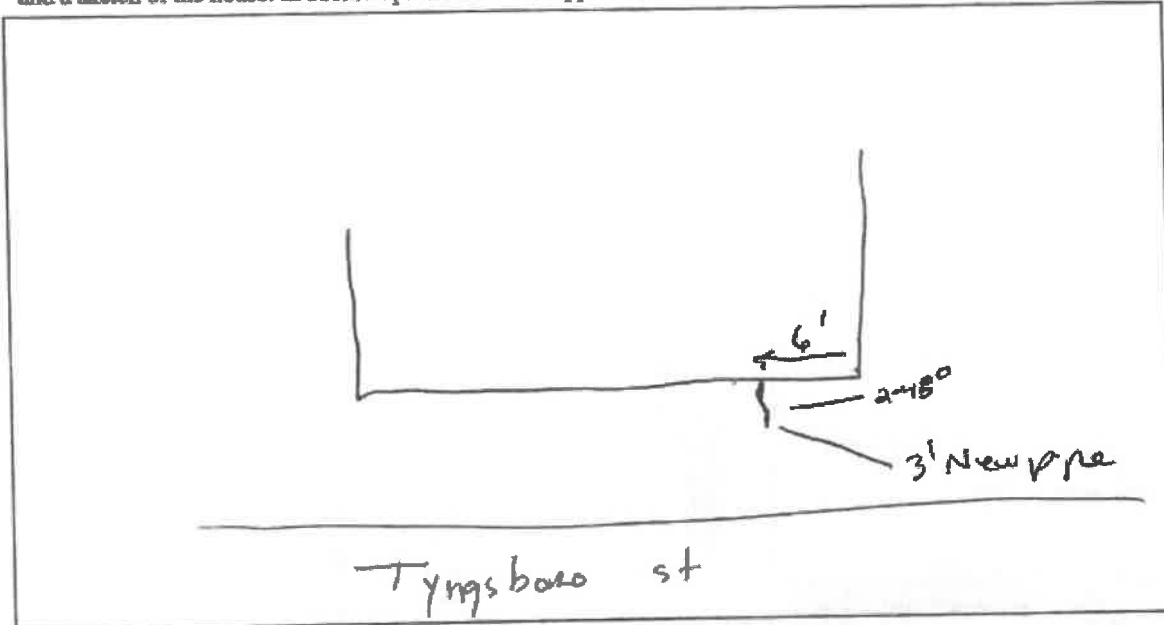
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House Service Connection Ties

Address: 7 Tyngsboro St
Map: 21 Lot: 25 Seq: 26

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

5/11/21
Date

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