

**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: 6/2/2021

APPLICANT / BUSINESS NAME John DiVitto
 SERVICE ADDRESS 392 Plymouth St
 MAP 20 LOT 392 SEQ. _____ ZONING DISTRICT BEACH IS LOT IN CURRENT USE? Y N
 MAILING ADDRESS 5 mapleridge rd CITY Methuen STATE MA ZIP 01844
 PHONE 781 844-5809 CELL 781 844 5809 EMAIL JadcontractingLLC@gmail.com
 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): _____

BUILDING SIZE (IN SQUARE FEET) 4200

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

New Home on slab 3 story 30x50' slab

BATHROOM		FIXTURE COUNT			LAUNDRY		MISC	
		KITCHEN						
SHOWER/TUB COMBO	<input type="checkbox"/>	SINKS	<input type="checkbox"/>	WASHING MACHINE	<input type="checkbox"/>	HOSEBIBS	<input type="checkbox"/>	
BATHTUB	<input type="checkbox"/>	TOILETS	<input type="checkbox"/>	SINKS	<input type="checkbox"/>	BAR SINKS	<input type="checkbox"/>	
SHOWER	<input 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 [Signature] DATE: 6/2/21
 APPLICANT / CORPORATION OFFICER SIGNATURE [Signature] DATE: 6/2/21
 CORPORATION NAME: _____
 OFFICERS NAME & TITLE (print) _____

I, John DiVitto 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 50.00 CASH / CHECK # 201 DATE RECEIVED 6/2/21 BY S.G.