



APPLICATION FOR SEWER SERVICE

DATE: 6-1-2021

APPLICANT / BUSINESS NAME: 52 A LEEDGE RD LLC

SERVICE ADDRESS: 56 B LEEDGE RD

MAP 3 LOT 6 SEQ. 13 ZONING DISTRICT R1 IS LOT IN CURRENT USE? Y/N

MAILING ADDRESS: 1 Fern Rd CITY: N. HAMPSHIRE STATE: NH ZIP: 03862

PHONE: 603 765 6083 CELL: _____ EMAIL: JD.PATH@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): _____

BUILDING SIZE (IN SQUARE FEET) 1856

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

2 single family homes attached

FIXTURE COUNT

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

PROPERTY OWNER SIGNATURE: [Signature] DATE: 6-1-2021

APPLICANT / CORPORATION OFFICER SIGNATURE: [Signature] DATE: 6-1-2021

CORPORATION NAME: 52 A LEEDGE RD LLC

OFFICERS NAME & TITLE (print): Jared Path

I, [Signature] 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 # 3609 DATE RECEIVED 6-1-21 BY S.G.

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



House Service Connection Ties

Address: 56 B CEDAR KN

Map: 3

Lot: 6

Seq: 17

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:

[Large empty rectangular box for sketching the service connection, street, house, and water lines.]

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

6/2/21
Date

AMOUNT PAID 800.00 CASH / CHECK # 3169 DATE RECEIVED 6/2/21 BY S.O

