

800

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: 5/24/2021

APPLICANT / BUSINESS NAME Stan & Carol Metcalf

SERVICE ADDRESS 40 Border Winds Ave

MAP 2 LOT 18 SEQ. 94 ZONING DISTRICT R1 IS LOT IN CURRENT USE? Y/N

MAILING ADDRESS same as above CITY SEABROOK STATE NH ZIP 03874

PHONE 603-997-9326 CELL _____ EMAIL cjmetcalf08@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): ADU

BUILDING SIZE (IN SQUARE FEET) 840

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

PROPERTY OWNER SIGNATURE Stan Metcalf Carol Metcalf DATE: 5/24/21

APPLICANT / CORPORATION OFFICER SIGNATURE _____ DATE: _____

CORPORATION NAME: _____

OFFICERS NAME & TITLE (print) _____

I, Stan & Carol Metcalf 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.

Carol Metcalf
Property Owner or Agent with Power of Attorney (Signature)

AMOUNT PAID \$800.00 CASH / CHECK # 9500 DATE RECEIVED 6/7/21 BY S.G.

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House Service Connection Ties

Address: 40 Border Winds Ave
 Map: 2 Lot: 18 Seq: 94

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:

Border Winds

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 _____

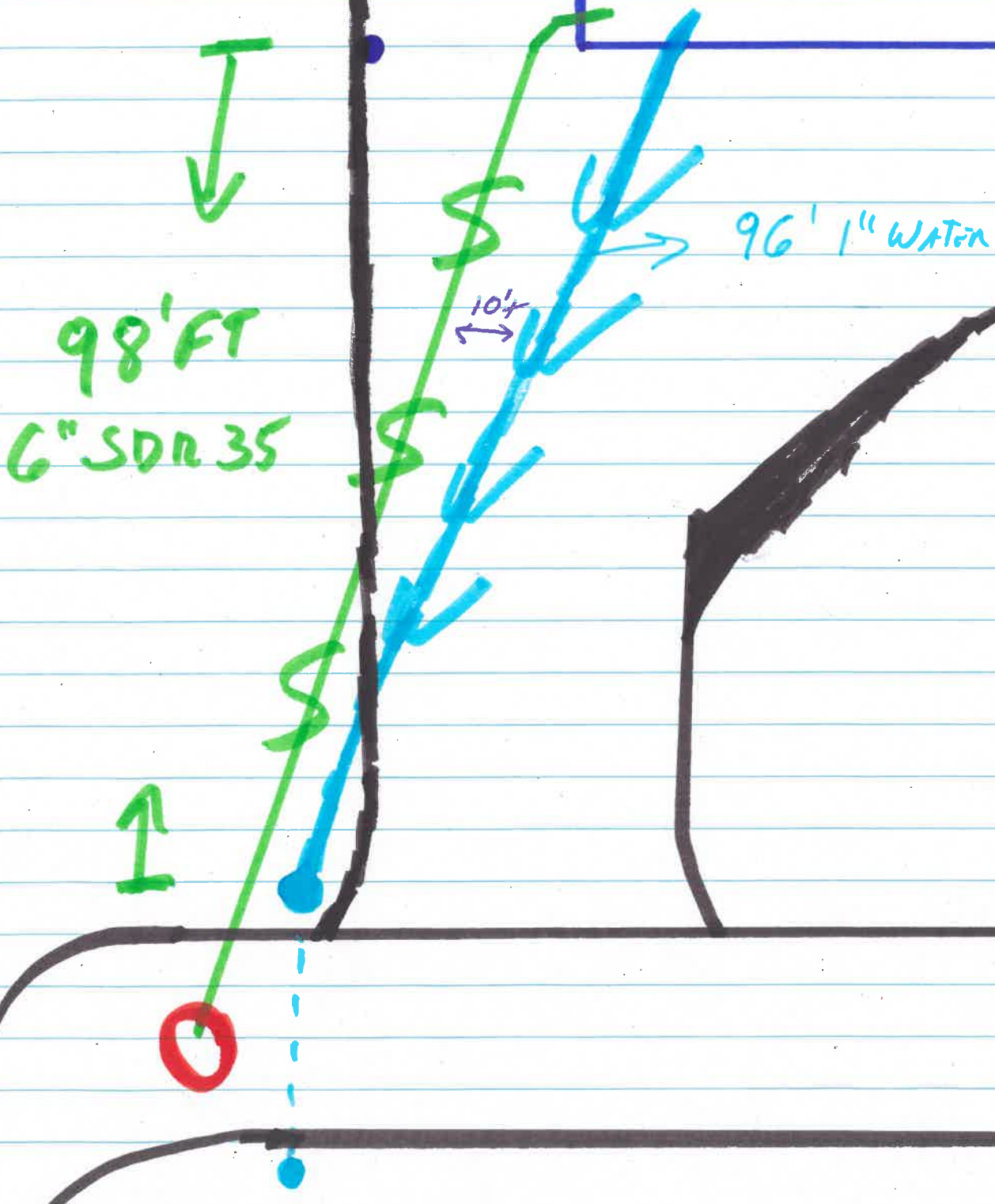
Board of Sewer Commissioners

REASON FOR DENIAL: _____ (CHAIRMAN) _____

[Signature] _____ 6/29/21 _____
 Sewer Superintendent Date

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

40 BOARD WIND



98' FT
6" SDR 35

96' 1" WATER

10'

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