

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: 7/28/21

APPLICANT / BUSINESS NAME Cote & Foster Cont.

SERVICE ADDRESS 145 Franklin St.

MAP 20 LOT 145 SEQ. _____ ZONING DISTRICT _____ IS LOT IN CURRENT USE ☒ Y ☐ N

MAILING ADDRESS 20 Argosy Dr. CITY Methuen STATE MA ZIP 01844

PHONE 978-423-6428 CELL 978-682-6518 EMAIL Steve.cote and foster.com

PROPERTY OWNER (IF DIFFERENT THAN ABOVE) Patty & Dave Nowoswiat PHONE 978-846-2838

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) 2744

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

FIXTURE COUNT

BATHROOM		KITCHEN		LAUNDRY		MISC	
SHOWER/TUB COMBO	<u>1</u>	SINKS	<u>2</u>	WASHING MACHINE	<u>2</u>	HOSEBIBS	<u>2</u>
BATHTUB	<u>1</u>	TOILETS	<u>1</u>	DISHWASHER	<u>1</u>	BAR SINKS	<u>0</u>
SHOWER	<u>1</u>	URINALS		OTHER		POOL (SIZE)	
OVERSIZED BATHTUB (EX: JACUZZI, SOAKER)		BIDET					

PROPERTY OWNER SIGNATURE Patricia Clark-Nowoswiat DATE: 7/30/2021

APPLICANT / CORPORATION OFFICER SIGNATURE A M A DATE: 7/28/21

CORPORATION NAME: Cote & Foster Cont.

OFFICERS NAME & TITLE (print) Steven M. Cote V.P.

I, Patricia Clark-Nowoswiat 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.

Patricia Clark-Nowoswiat
 Property Owner or Agent with Power of Attorney (Signature)

AMOUNT PAID \$5000 CASH / CHECK # 1094 DATE RECEIVED 8-2-21 BY S.C.

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House Service Connection Ties

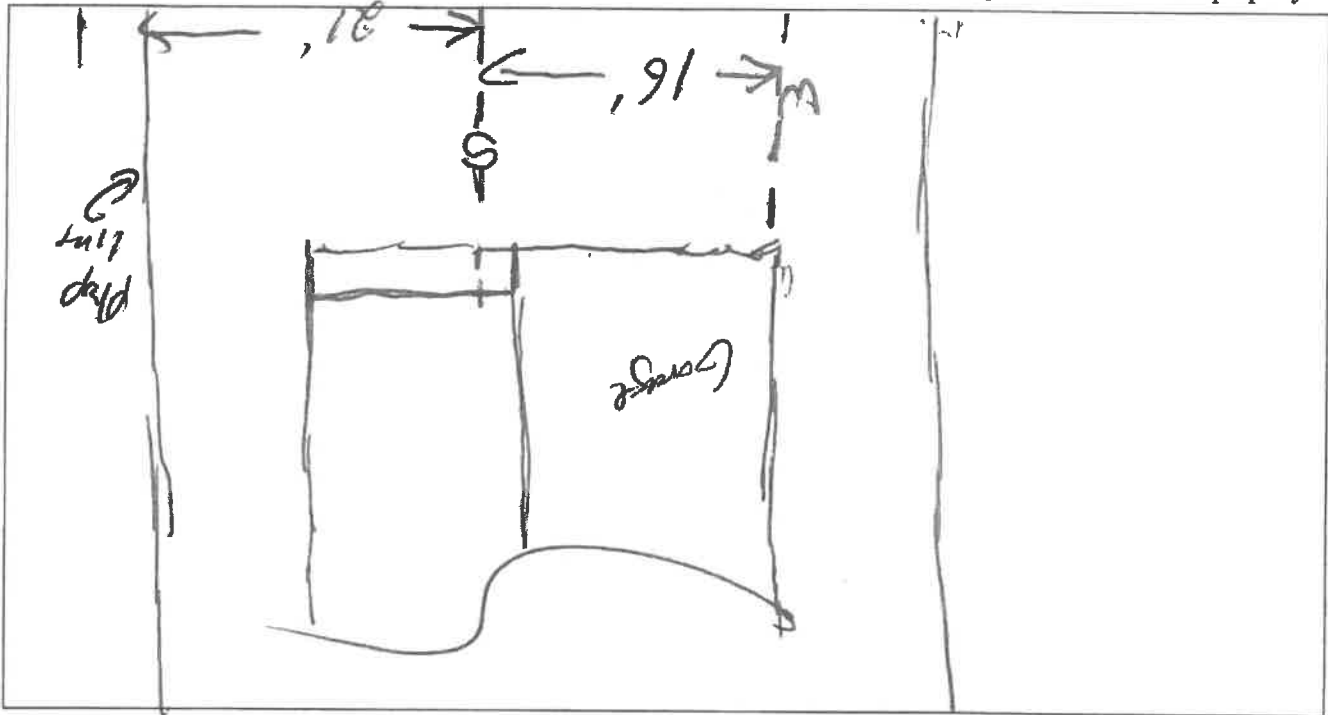
Address: 145 Franklin St.

Map: 20

Lot: 145

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)

[Signature]
 Sewer Superintendent

8/2/21
 Date

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