

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: 8-10-21

APPLICANT / BUSINESS NAME ROBERT E. PHELAN

SERVICE ADDRESS 339 ATLANTIC AVENUE

MAP 22 LOT 16 SEQ. 17 ZONING DISTRICT SINGLE F IS LOT IN CURRENT USE? Y (N)

MAILING ADDRESS 152 REED ST CITY LEXINGTON STATE MA ZIP 02421

PHONE _____ CELL 781-838-1775 EMAIL R.PHELAN@BUILD.COM

PROPERTY OWNER (IF DIFFERENT THAN ABOVE) JOHN EICHEL PHONE 781-838-1775

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):

SINGLE FAMILY RESIDENCE

FIXTURE COUNT

BATHROOM		KITCHEN		LAUNDRY		MISC	
<u>3</u> SHOWER/TUB COMBO	<u>8</u> SINKS	<u>1</u> SINKS	<u>1</u> WASHING MACHINE	<u>4</u> HOSEBIBS			
<u>1</u> BATHTUB	<u>5</u> TOILETS	<u>1</u> DISHWASHER		<u>1</u> BAR SINKS			
<u>1</u> SHOWER							
<u>1</u> OVERSIZED BATHTUB (EX: JACUZZI, SOAKER)							
	<u>1</u> URINALS						
	<u>1</u> BIDET						

PROPERTY OWNER SIGNATURE

DATE: 7-1-21

APPLICANT / CORPORATION OFFICER SIGNATURE

DATE: 7-2-21

CORPORATION NAME:

OFFICERS NAME & TITLE (print)

I, John Eichler 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 \$50.00 CASH / CHECK # 10672 DATE RECEIVED 8-10-21 BY _____

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House Service Connection Ties

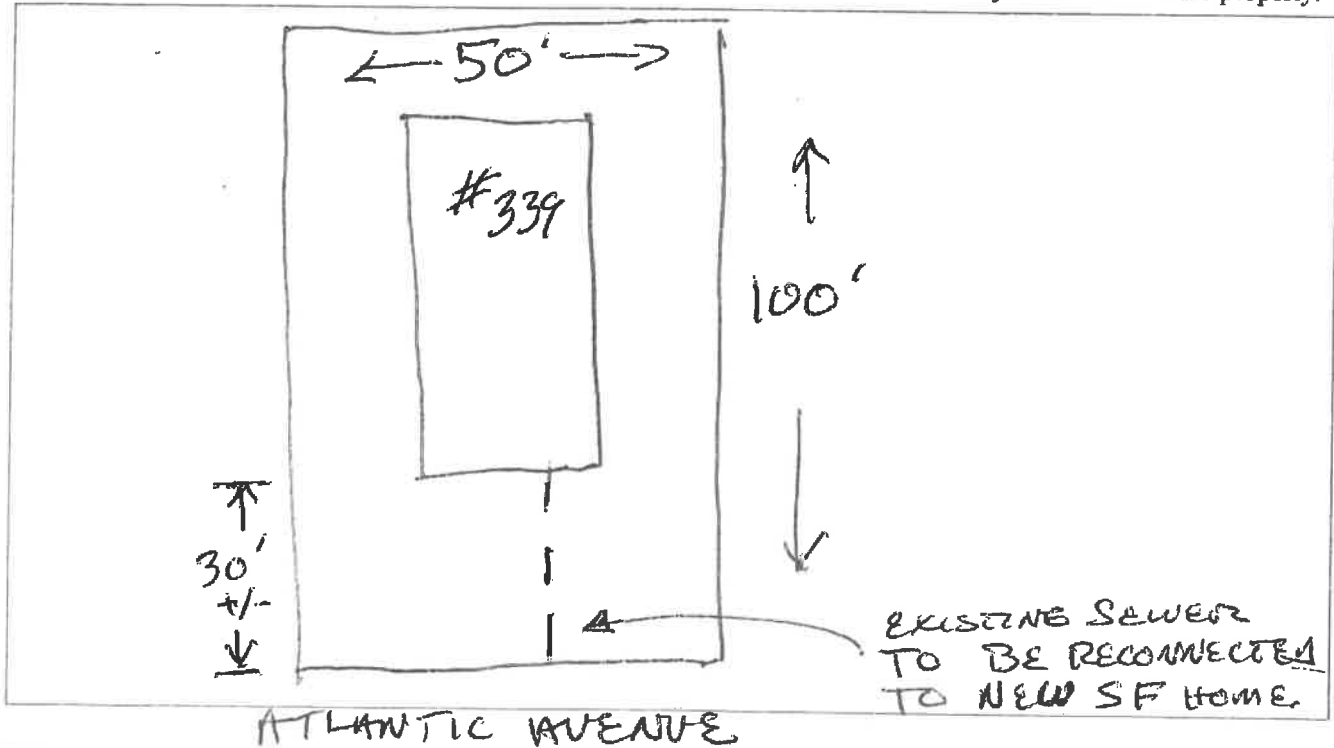
Address: 339 ATLANTIC AVENUE

Map: 22

Lot: 16

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:



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

8/10/21

Date

AMOUNT PAID \$50.00 CASH / CHECK # 10672 DATE RECEIVED 8-10-21 BY _____