

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:

APPLICANT / BUSINESS NAME Philip Franciosa
SERVICE ADDRESS 3A. Almeria Way
MAP 10 LOT 90 SEQ. _____ ZONING DISTRICT _____
Is LOT IN CURRENT Use? Y ☒ N ☐
MAILING ADDRESS 10 Merrimac Street CITY Seabrook STATE NH ZIP 03874
PHONE _____ CELL 978-270-6826 EMAIL pfranciosa27@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) 1750 +/- per unit

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

1 Building 48' x 44'
2 units in Building

FIXTURE COUNT

BATHROOM		KITCHEN		LAUNDRY		MISC	
SHOWER/TUB COMBO	<u>2</u>	SINKS	<u>3</u>	WASHING MACHINE	<u>1</u>	HOSEBIBS	<u>2</u>
BATHTUB		TOILETS	<u>3</u>	SINKS	<u>1</u>	BAR SINKS	
SHOWER		URINALS		OTHER		POOL (SIZE)	
OVERSIZED BATHTUB (EX: JACUZZI, SOAKER)		BIDET					

PROPERTY OWNER SIGNATURE [Signature]

DATE: 7-22-2021

APPLICANT / CORPORATION OFFICER SIGNATURE Same As Above

DATE:

CORPORATION NAME:

OFFICERS NAME & TITLE (print)

I, Philip Franciosa 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 (print)

[Signature]
Property Owner or Agent with Power of Attorney (Signature)

AMOUNT PAID \$101.00 CASH / CHECK # 1415 DATE RECEIVED 7-27-21 BY CURTIS

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

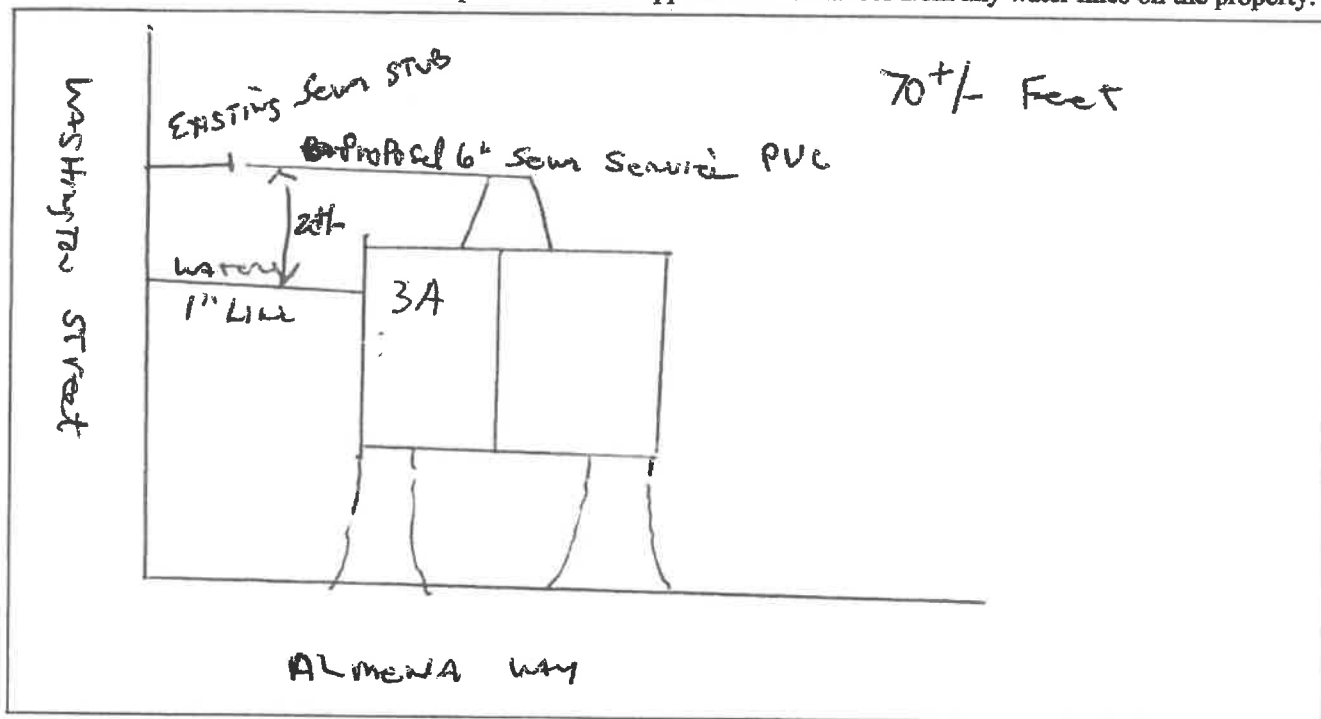
Address: 3A Almena Way

Map: 10

Lot: 90

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)

Sewer Superintendent

7/27/21

Date

AMOUNT PAID \$100.00 CASH / CHECK # 1415 DATE RECEIVED 7-27-21 BY S.G.