REFUND APPROVAL REQUEST

Account Nun	nber: 181850 Map/Lot/Se	quence:	10-90-0 Bill #:		Amount: \$ 900.00
Owner Name: Philip Franciosa					
Mailing Address: 10 Merrimac Street SEABROOK, N.H.					
Parcel Location:91 Washington St AKA 3A and 3B Almena Way					
REFUND: Mr. Franciosa would like to withdraw his sewer applications for this project.					
	Slayton Superintendent		Date: <u>8/19/2</u>	21	
DATE:BY VOTE OF THE BOARD OF SELECTMEN, THE ABOVE APPLICATION FOR A REFUND HAS BEEN MADE PER ORDER,					
Ella M Brown, Chairperson					
Aboul B Khan, Vice Chairman					
	Theresa A Kyle, Cle	erk		= 9.	
Respectfully submitted, Suzanne Griggs, Water Clerk					
	Vendor Slip			1	
Vendor#	new	e			
Invoice #	Franciosa-0821	£			
Description	SWR APP FEES				
Invoice Date	8/12/2021				
Invoice Total	900.00				
G/L #	21-521-34030-001	\$_	900.00		
G/L #		\$_			
Approved By:		Date: _			

Original: Finance CC: Water Office

Hold Check?

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 SERVICE ADDRESS MAP Lot SEO ZONING DISTRICT Is LOT IN CURRENT USE? Y MAILING ADDRESS Merrimac Street 10 CITY Seabrook STATE PHONE 978-270-6826 EMAIL DITO PROPERTY OWNER (IF DIFFERENT THAN ABOVE) PHONE TYPE OF CONSTRUCTION (CHECK ALL THAT APPLY): **NEW CONSTRUCTION** RESIDENTIAL SINGLE-FAMILY RESIDENTIAL MULTI-FAMILY MOBILE/MANUFACTURED HOME COMMERCIAL INDUSTRIAL OTHER (PLEASE DESCRIBE): BUILDING SIZE (IN SQUARE FEET) 1750 7- per unit COMMENTS (IF APPLICABLE PLEASE FIXTURE COUNT BATHROOM KITCHEN LAUNDRY SHOWER/TUB COMBO Misc SINKS SINKS WASHING MACHINE HOSEBIBS BATHTUR TOILETS DISHWASHER SINKS SHOWER BAR SINKS URINALS OTHER OTHER OVERSIZED BATHTUB (EX: POOL (SIZE) BIDET JACUZZI, SOARER) PROPERTY OWNER SIGNATURE DATE: 7-22-2021 APPLICANT / CORPORATION OFFICER SIGNATURE DATE: CORPORATION NAME: OFFICERS NAME & TITLE (print) agree that I will not hold the Seabrook Sewer Department Property Owner (print) 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 4/01,00

CASH / CHECK # 14/5 DATE RECEIVED

7-27-21

BY

CUKITS

TOWN OF SEABROOK SEWER DEPARTMENT &

AMOUNT PAID # 200.00

WASTEWATER TREATMENT FACILITY

PO BOX 456 • WRIGHT'S ISLAND •SEABROOK, NH 03874 PHONE (603) 474-8012 • FAX (603) 474-8014



CUUTS

DATE: 7-2>-2021 APPLICATION FOR SEWER SERVICE APPLICANT / BUSINESS NAME SERVICE ADDRESS ไป MAP LOT SEO ZONING DISTRICT Is LOT IN CURRENT USE? Y Merrimac Street MAILING ADDRESS CITY STATE 978-270-6826 EMAIL D PHONE 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 T/- per um+ FIXTURE COUNT BATHROOM KITCHEN LAUNDRY Misc SHOWER/TUB COMBO SINKS SINKS WASHING MACHINE HOSEBIBS BATHTUB TOILETS DISHWASHER SINKS BAR SINKS SHOWER URINALS OTHER OTHER POOL (SIZE) OVERSIZED BATHTUB (EX: BIDET JACUZZI, SOAKER) PROPERTY OWNER SIGNATURE DATE: 7-22-2021 APPLICANT / CORPORATION OFFICER SIGNATURE Same As Above DATE: CORPORATION NAME: OFFICERS NAME & TITLE (print) agree that I will not hold the Seabrook Sewer Department Property Owner (print) 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)

CASH / CHECK # 14/6 DATE RECEIVED