

**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: 9/3/21

APPLICANT / BUSINESS NAME Richard Bruno

SERVICE ADDRESS 319 Ashland St

MAP 20 LOT 319 SEQ. \_\_\_\_\_ ZONING DISTRICT \_\_\_\_\_ IS LOT IN CURRENT USE? Y ☐ N ☒

MAILING ADDRESS 319 Ashland St CITY Seabrook STATE N.H. ZIP 03874

PHONE 603-944-3189 CELL 508-395-6441 EMAIL MJCdevelopment@comcast.net

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): Tear down & Rebuild

BUILDING SIZE (IN SQUARE FEET) 4890

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

**FIXTURE COUNT**

BATHROOM		KITCHEN		LAUNDRY		Misc	
SHOWER/TUB COMBO	<input type="checkbox"/>	SINKS	<u>6</u>	SINKS	<u>1</u>	WASHING MACHINE	<input checked="" type="checkbox"/>
BATHTUB	<input type="checkbox"/>	TOILETS	<u>1</u>	DISHWASHER	<input type="checkbox"/>	SINKS	<input type="checkbox"/>
SHOWER	<u>5</u>	URINALS	<input type="checkbox"/>	OTHER	<input type="checkbox"/>	OTHER	<input type="checkbox"/>
OVERSIZED BATHTUB (EX: JACUZZI, SOAKER)	<u>1</u>	BIDET	<input type="checkbox"/>				<u>2</u>

PROPERTY OWNER SIGNATURE Richard Bruno

DATE: 9/14/21

APPLICANT / CORPORATION OFFICER SIGNATURE Maurice Caruso

DATE: 9/14/21

CORPORATION NAME: MJC Development Corp

OFFICERS NAME & TITLE (print) MAURICE CARUSO President

I, Richard Bruno 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.

Richard Bruno  
 Property Owner or Agent with Power of Attorney (Signature)

AMOUNT PAID 50.00 CASH / CHECK # 7171 DATE RECEIVED 9-15-21 BY S.G.

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**House Service Connection Ties**

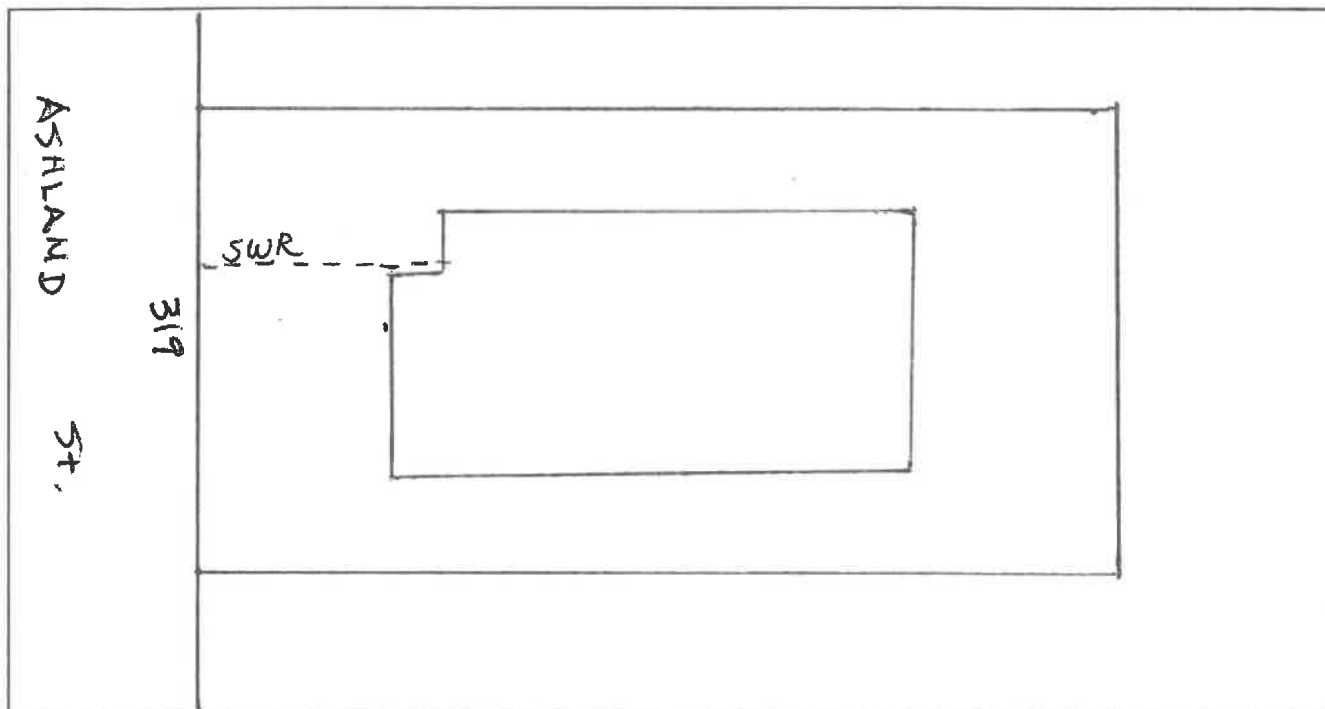
Address: 319 Ashland Street

Map: 20

Lot: 319

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

9/15/21  
Date

AMOUNT PAID 50.00 CASH / CHECK # 7171 DATE RECEIVED 9-15-21 BY S.G.