

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: 8-16-2021

APPLICANT / BUSINESS NAME Robert Warr
SERVICE ADDRESS 35A DOWS Lane
MAP 12 LOT 12 SEQ. _____ ZONING DISTRICT 2R IS LOT IN CURRENT USE? Y N
MAILING ADDRESS 10 SEAN Lane CITY Seabrook STATE NH ZIP 03874
PHONE 603 474 7672 CELL 603 234 2666 EMAIL Robert W 370Comcast.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): _____

BUILDING SIZE (IN SQUARE FEET) 1248

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

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

PROPERTY OWNER SIGNATURE

DATE:

APPLICANT / CORPORATION OFFICER SIGNATURE

DATE:

CORPORATION NAME:

OFFICERS NAME & TITLE (print)

I, Robert Warr 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 800.00 CASH / CHECK # 190 DATE RECEIVED 8/23/21 BY AD

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House Service Connection Ties

Address: 351 Denis Lane

Map: 12

Lot: 12

Seq: 1

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

8/21/21
Date

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

12
13-1 #33

12
12 #35

