

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: 4-18-23

APPLICANT / BUSINESS NAME Lisa Awlia  
 SERVICE ADDRESS 121-B Farm lane  
 MAP 12 LOT 40 SEQ. \_\_\_\_\_ ZONING DISTRICT \_\_\_\_\_ IS LOT IN CURRENT USE? Y   
 MAILING ADDRESS 121-B Farm lane CITY Seabrook STATE NH ZIP 03874  
 PHONE \_\_\_\_\_ CELL (603-502-277) EMAIL lisaawlia@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) \_\_\_\_\_

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

FIXTURE COUNT

BATHROOM		KITCHEN		LAUNDRY		Misc	
SHOWER/TUB COMBO	<input type="text" value="2"/>	SINKS	<input type="text" value="2"/>	WASHING MACHINE	<input type="text" value="1"/>	HOSEBIBS	<input type="text"/>
BATHTUB	<input type="text"/>	TOILETS	<input type="text"/>	DISHWASHER	<input type="text" value="1"/>	BAR SINKS	<input type="text"/>
SHOWER	<input type="text"/>	URINALS	<input type="text"/>	OTHER	<input type="text"/>	POOL (SIZE)	<input type="text"/>
OVERSIZED BATHTUB (EX: JACUZZI, SOAKER)	<input type="text"/>	BIDET	<input type="text"/>				

PROPERTY OWNER SIGNATURE Lisa Awlia DATE: 4-18-23  
 APPLICANT / CORPORATION OFFICER SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_  
 CORPORATION NAME: \_\_\_\_\_  
 OFFICERS NAME & TITLE (print) \_\_\_\_\_

I, Lisa Awlia Property Owner (print) 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.

Lisa Awlia  
 Property Owner or Agent with Power of Attorney (Signature)

AMOUNT PAID 100.00 CASH / CHECK # 525 DATE RECEIVED 4-18-23 BY Sib

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House Service Connection Ties

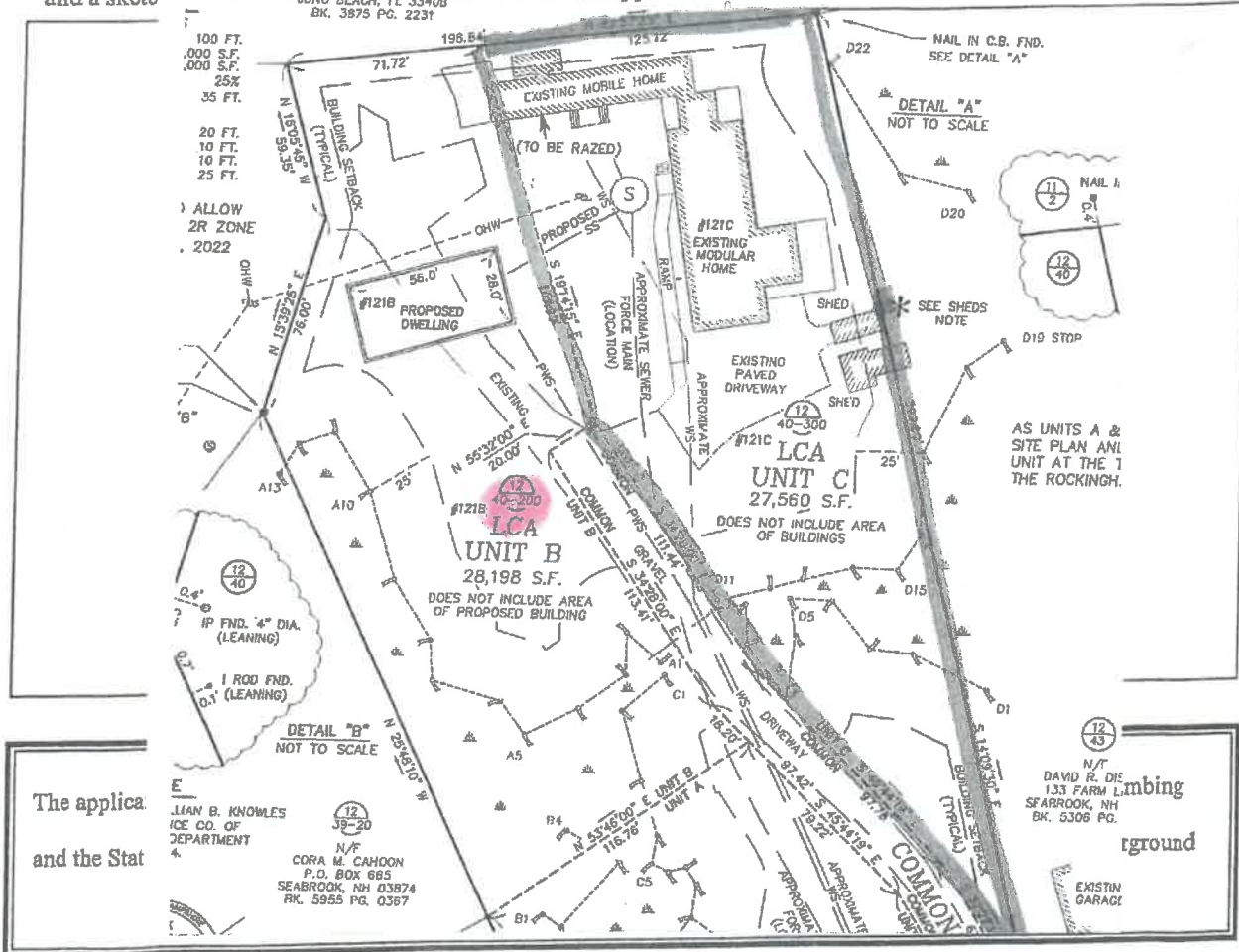
Address: 121 B FARM LAKE

Map: 12

Lot: 40

Seq: 200

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:



The applica  
and the Stat

LIAN B. KNOWLES  
ICE CO. OF  
DEPARTMENT  
4  
N/F  
CORA M. CAHOON  
P.O. BOX 885  
SEABROOK, NH 03874  
BK. 5955 PG. 0367

N/F  
DAVID R. DIE  
133 FARM L.  
SEABROOK, NH  
BK. 5306 PG.  
ground

—OFFICE USE ONLY—

GRANTED \_\_\_\_\_ DENIED \_\_\_\_\_ DATE \_\_\_\_\_

Board of Sewer Commissioners

REASON FOR DENIAL: \_\_\_\_\_

(CHAIRMAN)

*[Signature]*  
Sewer Superintendent

4/19/12  
Date

AMOUNT PAID \_\_\_\_\_ CASH / CHECK # \_\_\_\_\_ DATE RECEIVED \_\_\_\_\_ BY \_\_\_\_\_

