

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: 4/26/2023

APPLICANT / BUSINESS NAME 163 Atlantic Ave Realty Trust

SERVICE ADDRESS 163 Atlantic Ave

MAP 21 LOT 9 SEQ. _____ ZONING DISTRICT _____ IS LOT IN CURRENT USE? Y / N

MAILING ADDRESS 163 Atlantic Ave CITY Seabrook STATE NH ZIP 03874

PHONE 978-857-0920 CELL Same EMAIL lopilato6@verizon.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) ± 3500

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

FIXTURE COUNT

BATHROOM		KITCHEN		LAUNDRY		MISC	
SHOWER/TUB COMBO	<input type="checkbox"/> 3	SINKS	<input type="checkbox"/> 5	SINKS	<input type="checkbox"/> 1	WASHING MACHINE	<input type="checkbox"/>
BATHTUB	<input type="checkbox"/>	TOILETS	<input type="checkbox"/> 1	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"/>
						HOSE/BIBS	<input type="checkbox"/>
						BAR SINKS	<input type="checkbox"/>
						POOL (SIZE)	<input type="checkbox"/>

PROPERTY OWNER SIGNATURE Sandy Lopilato

DATE: 4/26/2023

APPLICANT / CORPORATION OFFICER SIGNATURE _____

DATE: _____

CORPORATION NAME: _____

OFFICERS NAME & TITLE (print) _____

I, Sandy Lopilato 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.

Sandy Lopilato
 Property Owner or Agent with Power of Attorney (Signature)

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House Service Connection Ties

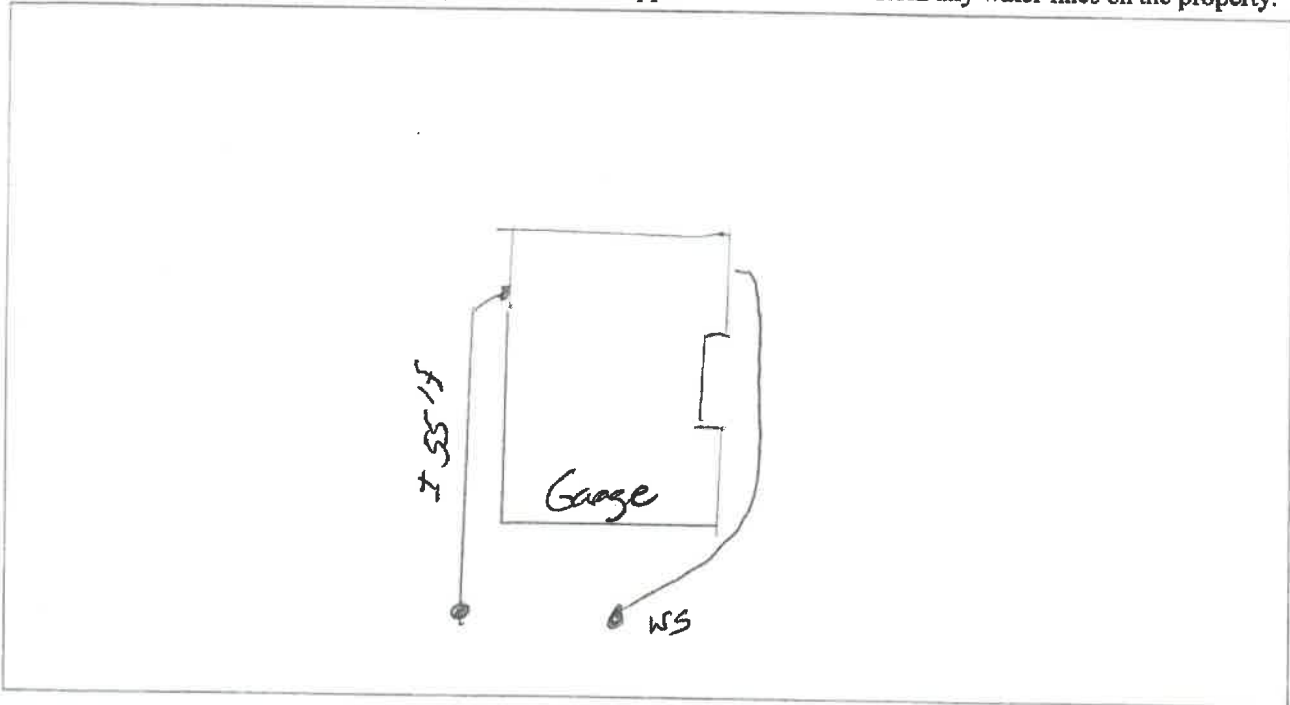
Address: 163 Atlantic AVE

Map: 21

Lot: 9

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)

[Signature]
Sewer Superintendent

4/27/23
Date

Amount Paid # 100.00 Cash/Check# 15643 Date 4-26-23 By _____