

**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: 5/9/23

APPLICANT / BUSINESS NAME Thomas Markey

SERVICE ADDRESS 172 Atlantic Ave

MAP 21 LOT 13-3 SEQ. \_\_\_\_\_ ZONING DISTRICT Seabrook Beach IS LOT IN CURRENT USE?  N

MAILING ADDRESS 172 Atlantic Ave CITY Seabrook STATE NH ZIP 03874

PHONE (603) 503-8449 CELL (603) 503-8449 EMAIL lindsey.markey@gmail.com

PROPERTY OWNER (IF DIFFERENT THAN ABOVE) \_\_\_\_\_ PHONE (603) 503-8449

**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) 2900

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="0"/> | SINKS   | <input type="text" value="3"/> | SINKS      | <input type="text" value="1"/> | WASHING MACHINE | <input type="checkbox"/>                        |
| BATHTUB                                 | <input type="text" value="1"/> | TOILETS | <input type="text" value="2"/> | DISHWASHER | <input type="text" value="0"/> | SINKS           | <input type="checkbox"/>                        |
| SHOWER                                  | <input type="text" value="2"/> | URINALS | <input type="text" value="0"/> | OTHER      | <input type="text" value=""/>  | OTHER           | <input type="checkbox"/>                        |
| OVERSIZED BATHTUB (EX: JACUZZI, SOAKER) | <input type="text" value="1"/> | BIDET   | <input type="text" value="0"/> |            |                                |                 | <input checked="" type="checkbox"/> POOL (SIZE) |
|   |                                |         |                                |            |                                |                 | <input type="checkbox"/> HOSEBIBS               |
|   |                                |         |                                |            |                                |                 | <input type="checkbox"/> BAR SINKS              |

PROPERTY OWNER SIGNATURE Thomas Markey

DATE: 5/9/23

APPLICANT / CORPORATION OFFICER SIGNATURE Thomas Markey

DATE: 5/9/23

CORPORATION NAME: \_\_\_\_\_

OFFICERS NAME & TITLE (print) \_\_\_\_\_

I, Thomas Markey 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.

Thomas Markey  
Property Owner or Agent with Power of Attorney (Signature)

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**House Service Connection Ties**

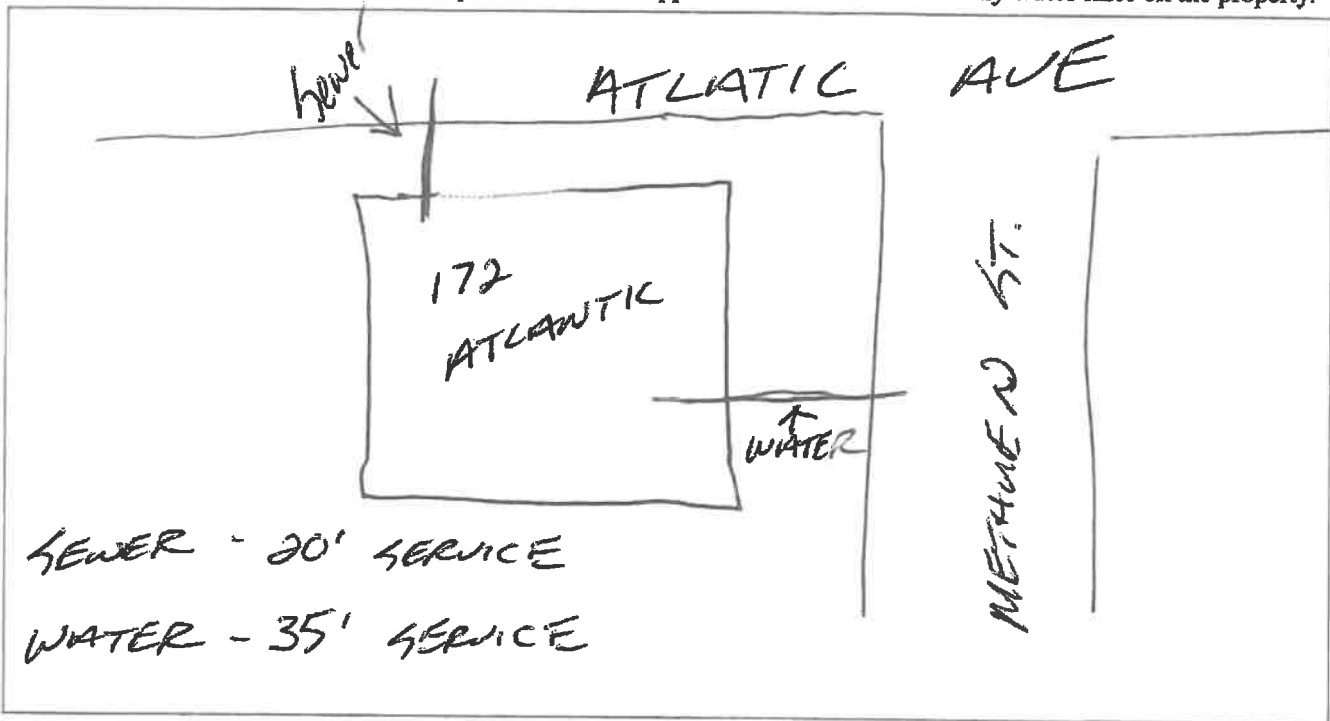
Address: 172 Atlantic Ave Seabrook, NH 03874

Map: \_\_\_\_\_

Lot: \_\_\_\_\_

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

5/19/23  
Date

Amount Paid 100.00 Cash/Check# CASH Date 5-9-23 By S.G.