

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: 5/1/23

APPLICANT / BUSINESS NAME BRAD KUTCHER

SERVICE ADDRESS 30^B CENTENNIAL STREET

MAP 13 LOT 22 SEQ. _____ ZONING DISTRICT _____ IS LOT IN CURRENT USE? Y/N _____

MAILING ADDRESS 138 ELM ST CITY SALISBURY STATE MA ZIP 01952

PHONE 978 388-3555 CELL 978 423 4254 EMAIL BKUTCHER22@GMAIL.COM

PROPERTY OWNER (IF DIFFERENT THAN ABOVE) DAN TURCO PHONE 508 284-8811

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) 1750

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

SINGLE Family Home

BATHROOM		KITCHEN		LAUNDRY		Misc	
SHOWER/TUB COMBO	<input type="checkbox"/> 2	SINKS	<input type="checkbox"/> 3	WASHING MACHINE	<input type="checkbox"/> 1	HOSE/BIBS	<input type="checkbox"/>
BATHTUB	<input type="checkbox"/>	TOILETS	<input type="checkbox"/> 3	SINKS	<input type="checkbox"/>	BAR SINKS	<input type="checkbox"/>
SHOWER	<input type="checkbox"/>	URINALS	<input type="checkbox"/>	OTHER	<input type="checkbox"/>	POOL (SIZE)	<input type="checkbox"/>
OVERSIZED BATHTUB (EX: JACUZZI, SOAKER)	<input type="checkbox"/>	BIDET	<input type="checkbox"/>				

PROPERTY OWNER SIGNATURE Dan P. Turco TTEE DATE: 5-3-23

APPLICANT / CORPORATION OFFICER SIGNATURE [Signature] DATE: 5/1/23

CORPORATION NAME: _____

OFFICERS NAME & TITLE (print) DAN TURCO TTEE

I, DAN TURCO 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.

[Signature]
 Property Owner or Agent with Power of Attorney (Signature)

AMOUNT PAID 700.00 CASH / CHECK # 2182 DATE RECEIVED 5-1-23 BY S.G.

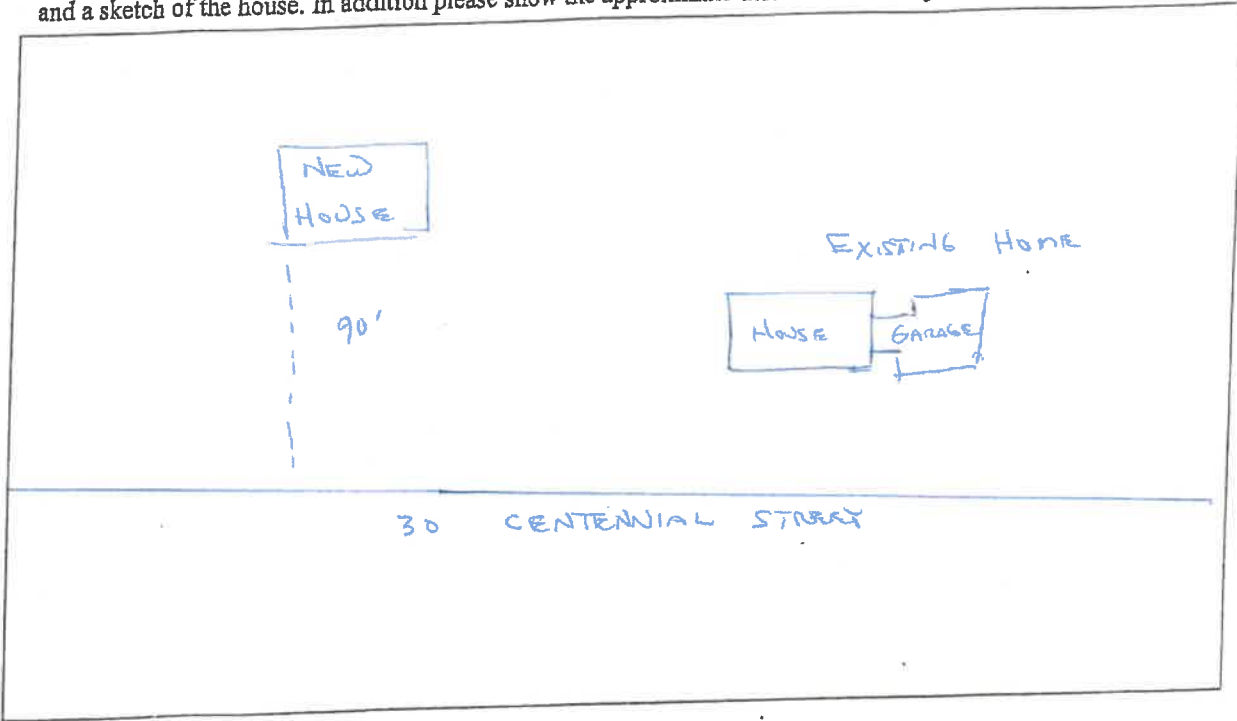
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House Service Connection Ties

Address: 30 CENTENNIAL STREET
 Map: 13 Lot: 22 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

5/13/23
 Date

AMOUNT PAID 200.00 CASH / CHECK # 2182 DATE RECEIVED 5-1-23 BY Sc6