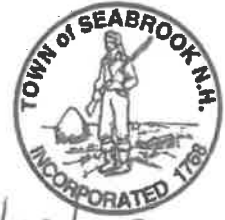


TOWN OF SEABROOK
SEWER DEPARTMENT &
WASTEWATER TREATMENT FACILITY
 PO Box 456 • WRIGHT'S ISLAND • SEABROOK, NH 03874
 PHONE (603) 474-8012 • FAX (603) 474-8014



APPLICATION FOR SEWER SERVICE

DATE: 6/7/23

APPLICANT / BUSINESS NAME Paul Hegele

SERVICE ADDRESS 7 Cross Beach

MAP 25 LOT 16 SEQ. _____ ZONING DISTRICT _____ IS LOT IN CURRENT USE? Y/N

MAILING ADDRESS P.O. Box 668 CITY H. Falls STATE NH ZIP 03844

PHONE 926-1402 CELL 617 803 2157 EMAIL _____

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) 1500

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

FIXTURE COUNT

BATHROOM		KITCHEN		LAUNDRY		MISC			
SHOWER/TUB COMBO	<input type="checkbox"/>	SINKS	<input checked="" type="checkbox"/>	SINKS	<input type="checkbox"/>	WASHING MACHINE	<input type="checkbox"/>	HOSEBIBS	<input type="checkbox"/>
BATHTUB	<input checked="" type="checkbox"/>	TOILETS	<input checked="" type="checkbox"/>	DISHWASHER	<input type="checkbox"/>	SINKS	<input type="checkbox"/>	BAR SINKS	<input type="checkbox"/>
SHOWER	<input type="checkbox"/>	URINALS	<input type="checkbox"/>	OTHER	<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 [Signature]

DATE: 6/7/23

APPLICANT / CORPORATION OFFICER SIGNATURE _____

DATE: _____

CORPORATION NAME: _____

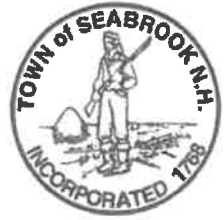
OFFICERS NAME & TITLE (print) _____

I, Paul Hegele agree that I will not hold the Seabrook Sewer Department
 Property Owner (print)
 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)

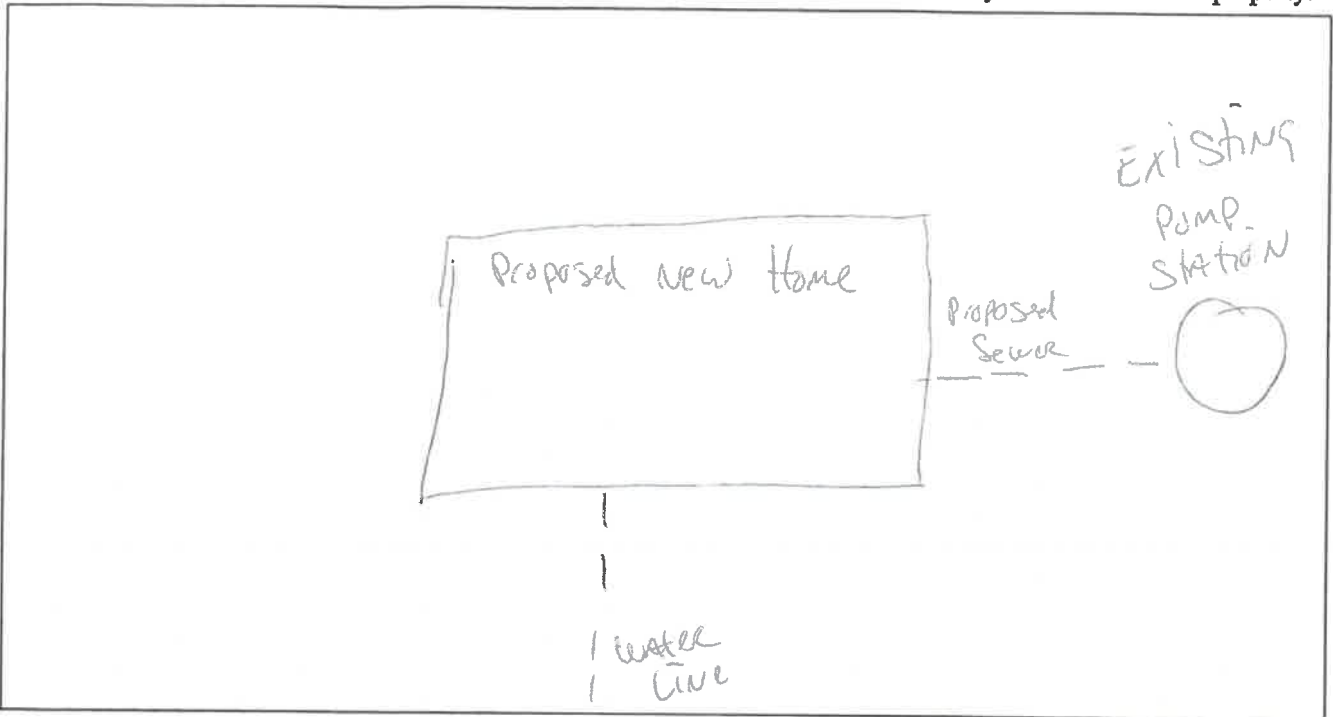
AMOUNT PAID 50 CASH / CHECK # 1005 DATE RECEIVED 6-7-23 BY S.G.

TOWN OF SEABROOK
SEWER DEPARTMENT &
WASTEWATER TREATMENT FACILITY
 PO BOX 456 • WRIGHT'S ISLAND • SEABROOK, NH 03874
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Address: 7 Cross Beach House Service Connection Ties
 Map: 25 Lot: 716 Seq: 0

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

6/7/23
 Date

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