

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: 6/19/23

APPLICANT / BUSINESS NAME Cotet Foster Cont.
 SERVICE ADDRESS 312 Atlantic Ave
 MAP 22 LOT 10-5 SEQ. _____ ZONING DISTRICT _____ IS LOT IN CURRENT USE? Y / N
 MAILING ADDRESS 312 Atlantic Ave CITY Seabrook STATE NH ZIP 03874
 PHONE _____ CELL 978 361 5129 EMAIL Gadd's 99+6 mail.com
 PROPERTY OWNER (IF DIFFERENT THAN ABOVE) Stephen Gadd PHONE 978-361-5129

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) 4186

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

FIXTURE COUNT

BATHROOM		KITCHEN		LAUNDRY		Misc			
SHOWER/TUB COMBO	<u>2</u>	SINKS	<u>7</u>	SINKS	<u>2</u>	WASHING MACHINE	<u>2</u>	HOSEBIBS	<input type="checkbox"/>
BATHTUB	<u>0</u>	TOILETS	<u>4</u>	DISHWASHER	<u>2</u>	SINKS	<input type="checkbox"/>	BAR SINKS	<input type="checkbox"/>
SHOWER	<u>1</u>	URINALS	<input type="checkbox"/>	OTHER	<input type="checkbox"/>	OTHER	<input type="checkbox"/>	POOL (SIZE)	<input type="checkbox"/>
OVERSIZED BATHTUB (EX: JACUZZI, SOAKER)	<u>0</u>	BIDET	<input type="checkbox"/>						

PROPERTY OWNER SIGNATURE Stephen O. Gadd DATE: 6/19/23
 APPLICANT / CORPORATION OFFICER SIGNATURE [Signature] DATE: 6/19/23
 CORPORATION NAME: Cotet Foster Cont.
 OFFICERS NAME & TITLE (print) Steven M. Cot. V.P.

I, Stephen O. Gadd 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.
[Signature]
 Property Owner or Agent with Power of Attorney (Signature)

AMOUNT PAID \$50 CASH / CHECK # 1506 DATE RECEIVED 6-24-23 BY S.G.

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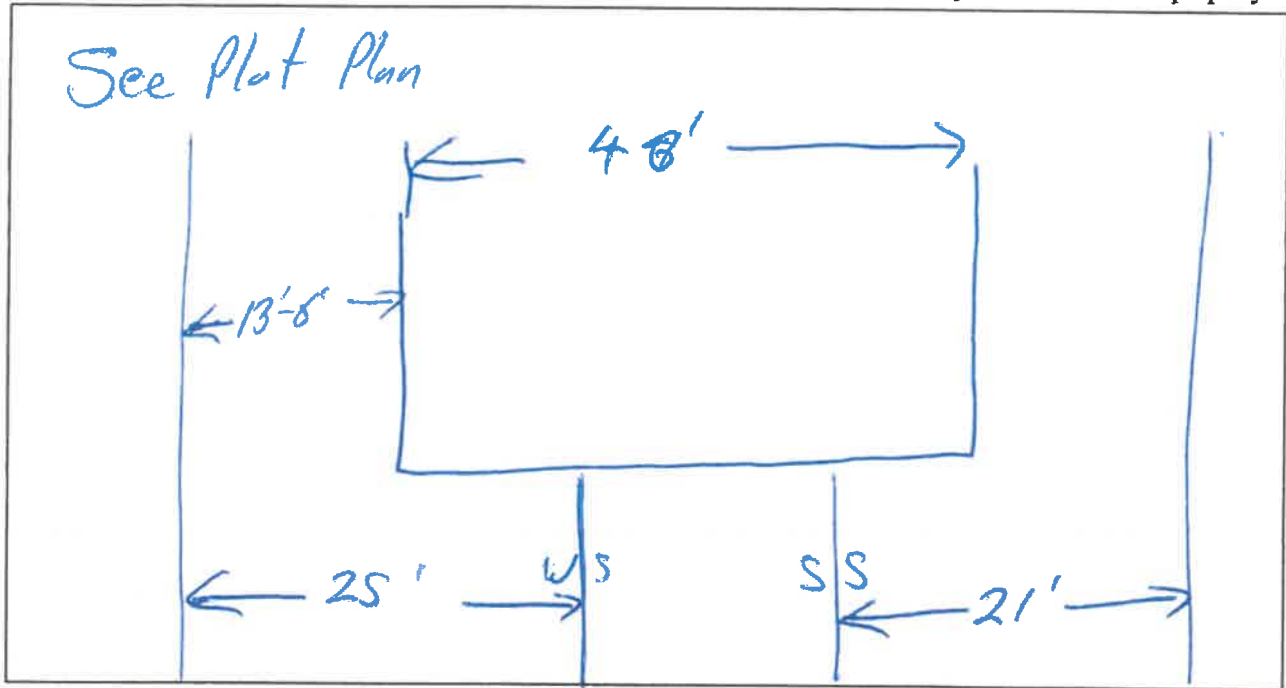


House Service Connection Ties

Address: 312 Atlantic Ave

Map: 22 Lot: 10-5 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] _____ 6/25/23 _____
Sewer Superintendent Date

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