

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: 5-11-2023

APPLICANT / BUSINESS NAME Jean Drive NH LLC
 SERVICE ADDRESS 32 Jean Drive
 MAP 7 LOT 50 SEQ. 15 ZONING DISTRICT 2R Is LOT IN CURRENT Use? Y/N
 MAILING ADDRESS 1 Fern Rd CITY N. Hampton STATE NH ZIP 03861
 PHONE _____ CELL 603 765 6083 EMAIL jeandrive@comcast.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) 2400

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 type="checkbox"/>	SINKS	<input type="checkbox"/>	WASHING MACHINE	<input type="checkbox"/>	HOSEBIBS	<input type="checkbox"/>
BATHTUB	<input type="checkbox"/>	TOILETS	<input type="checkbox"/>	DISHWASHER	<input type="checkbox"/>	SINKS	<input type="checkbox"/>	BAR SINKS	<input type="checkbox"/>
SHOWER	<input checked="" 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 checked="" type="checkbox"/>	BIDET	<input type="checkbox"/>						<input type="checkbox"/>

PROPERTY OWNER SIGNATURE [Signature] DATE: 5-11-2023
 APPLICANT / CORPORATION OFFICER SIGNATURE [Signature] DATE: 5-11-2023
 CORPORATION NAME: Jean Drive NH LLC
 OFFICERS NAME & TITLE (print) David Patton Member

I, Jean Drive NH LLC 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 200.00 CASH / CHECK # 1003 DATE RECEIVED 6-22-23 BY S.G.

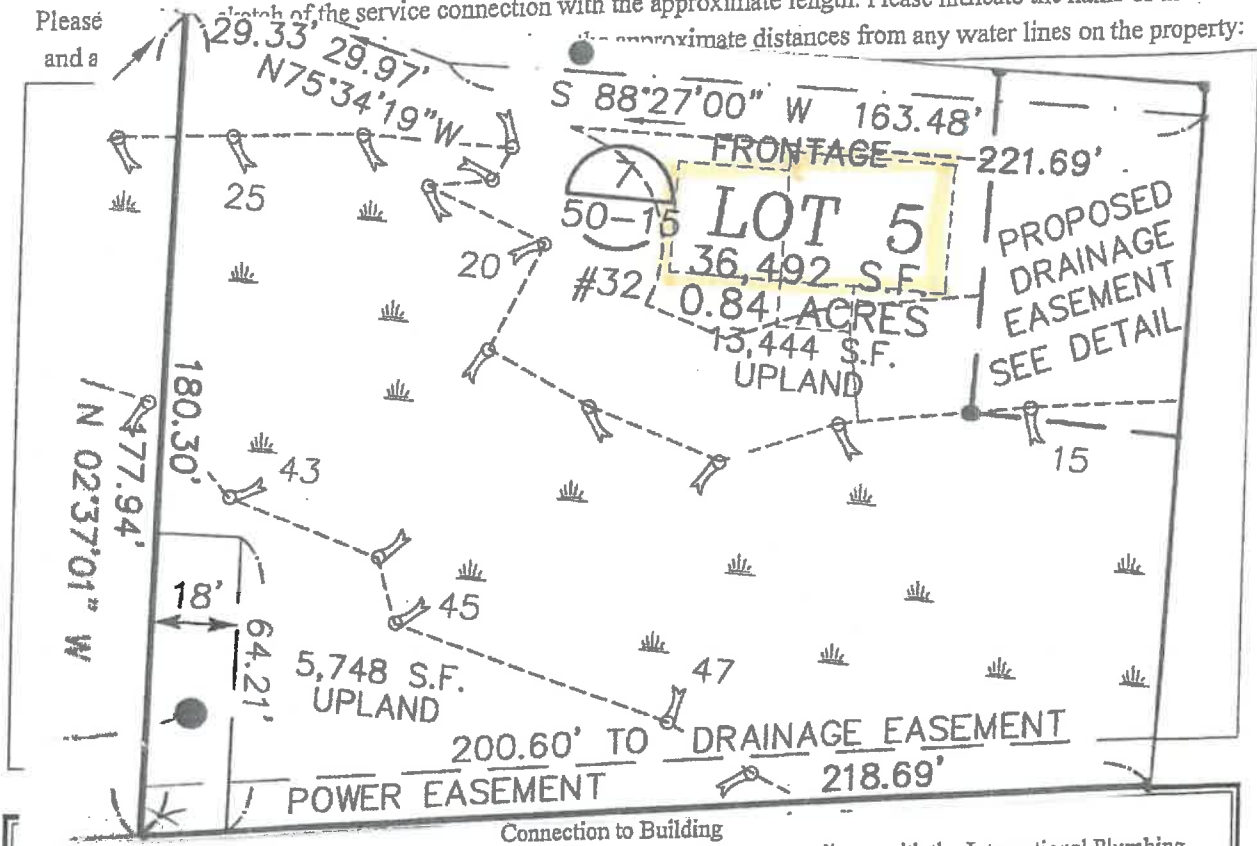
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House Service Connection Ties

Address: 32 Jean Dr
 Map: 7 Lot: 50 Seq: 15

Please show a sketch of the service connection with the approximate length. Please indicate the name of the street and 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 _____

REASON FOR DENIAL: _____

Carlyle 6/26/23
 Sewer Superintendent Date

Board of Sewer Commissioners

 (CHAIRMAN)

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