

**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: 5/16/23

APPLICANT / BUSINESS NAME Duane Skofield Skofield Builders
 SERVICE ADDRESS 349 WOODSTOCK ST.
 MAP 20 LOT 349 SEQ. _____ ZONING DISTRICT Beach ^{B1} REGS LOT IN CURRENT USE? NT
 MAILING ADDRESS 30 Harriman Rd CITY Plaistow STATE NH ZIP 03865
 PHONE (603) 231-7259 CELL '' EMAIL SKofield@comcast.net
 PROPERTY OWNER (IF DIFFERENT THAN ABOVE) Lorie Ann Silva PHONE (508) 269-2124

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) 5214

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

FIXTURE COUNT

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

PROPERTY OWNER SIGNATURE Lorie Ann Silva DATE: 7/21/23
 APPLICANT / CORPORATION OFFICER SIGNATURE Duane Skofield DATE: 7/21/23
 CORPORATION NAME: Skofield Builders
 OFFICERS NAME & TITLE (print) Duane Skofield Pres

I, Lorie Ann Silva 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.

Duane Skofield
 Property Owner or Agent with Power of Attorney (Signature)

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House Service Connection Ties

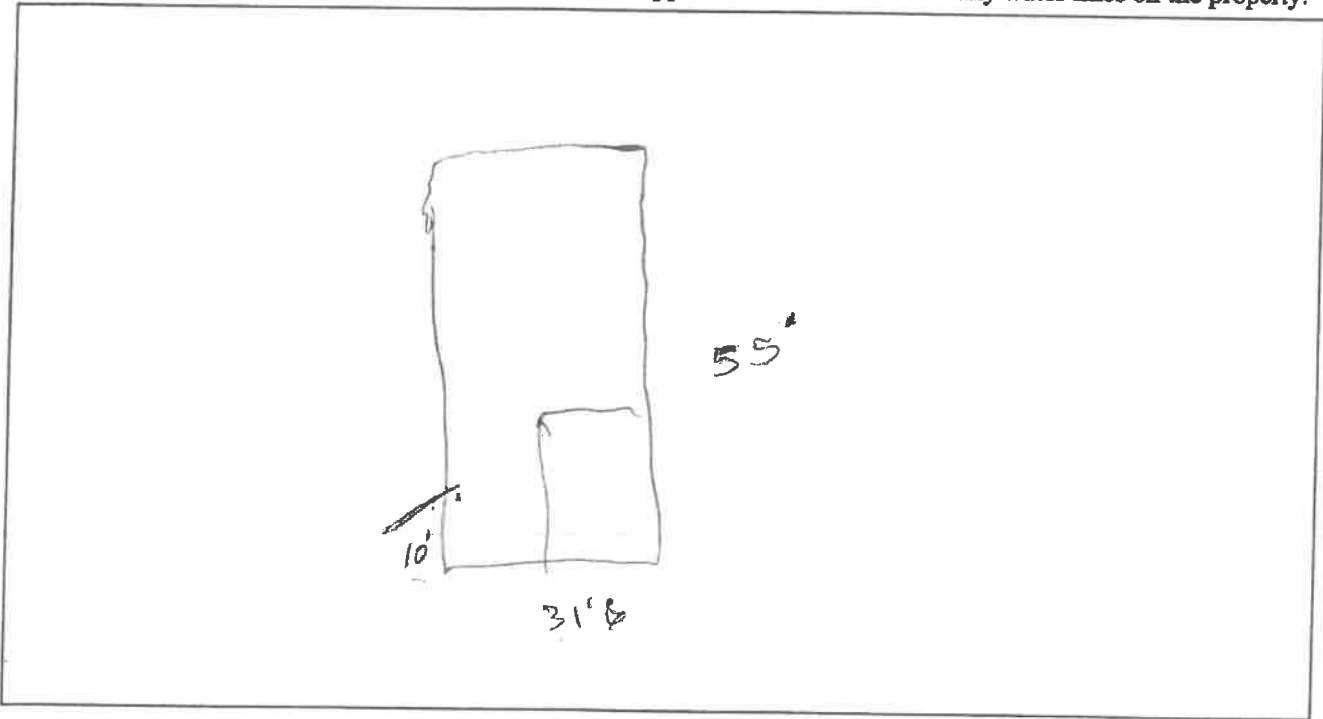
Address: 349 Woodstock St

Map: 20

Lot: 349

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

7/21/23
Date

AMOUNT PAID 5000 CASH / CHECK # _____ DATE RECEIVED 7-21-23 BY Sh.