

**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: 7/12/2023

APPLICANT / BUSINESS NAME Keith Curran / Bohler

SERVICE ADDRESS 272 Lafayette Rd

MAP 9 LOT 9-49-10 SEQ. _____ ZONING DISTRICT Commercial Zone 2 IS LOT IN CURRENT USE? Y N

MAILING ADDRESS 3 Executive Park Drive, Suite 202 City Bedford STATE NH ZIP 03110

PHONE 603.441.2900 CELL _____ EMAIL kcurran@bohlereng.com

PROPERTY OWNER (IF DIFFERENT THAN ABOVE) OSJ of Seabrook, LLC 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) 810 +/-

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

Proposed restaurant - Aroma Joe's - 1" meter

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"/>
BATHTUB	<input type="checkbox"/>	TOILETS	<input type="checkbox"/>	DISHWASHER	<input type="checkbox"/>	SINKS	<input type="checkbox"/>
SHOWER	<input type="checkbox"/>	URINALS	<input type="checkbox"/>	OTHER:	<input type="checkbox"/>	OTHER	<input type="checkbox"/>
OVERSIZED BATHTUB (EX: JACUZZI, SOAKER)	<input type="checkbox"/>	BIDET	<input type="checkbox"/>	(1 3-compartment sink, 1 mop sink)	<input type="checkbox"/>		<input type="checkbox"/>

PROPERTY OWNER SIGNATURE John D. Conforti CFO, OSJ of Seabrook, LLC DATE: 7-31-2023

APPLICANT / CORPORATION OFFICER SIGNATURE Keith Curran DATE: 8-7-2023

CORPORATION NAME: Bohler

OFFICERS NAME & TITLE (print) Keith Curran, Senior PM

I, OSJ of Seabrook, 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.

John D. Conforti
Property Owner or Agent with Power of Attorney (Signature)

AMOUNT PAID \$2000.00 CASH / CHECK # 2004 DATE RECEIVED 8-11-23 BY S.G.

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House Service Connection Ties

Address: 272 Lafayette Rd

Map: 9

Lot : 9-49-10

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:

See attached utility plan

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

8/11/23
 Date

AMOUNT PAID 3000.00 CASH / CHECK # 2004 DATE RECEIVED 8-11-23 BY S.C.

