

**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: 8/29/23

APPLICANT / BUSINESS NAME Cote Foster Cont.

SERVICE ADDRESS 152 Atlantic Ave

MAP 21 LOT 15-16 SEQ. \_\_\_\_\_ ZONING DISTRICT \_\_\_\_\_ IS LOT IN CURRENT USE? Y N

MAILING ADDRESS 20 Agassiz Drive CITY Methuen STATE MA ZIP 01844

PHONE 978 682 6518 CELL 978 423 6429 EMAIL Steve@coteandfoster.com

PROPERTY OWNER (IF DIFFERENT THAN ABOVE) Francis Kenney Revocable Trust PHONE 617 763 1035

**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) 4837

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

**FIXTURE COUNT**

BATHROOM		KITCHEN		LAUNDRY		MISC	
SHOWER/TUB COMBO	<u>1</u>	SINKS	<u>2</u>	SINKS	<u>1</u>	WASHING MACHINE	<u>2</u>
BATHTUB	<u>0</u>	TOILETS	<u>5</u>	DISHWASHER	<u>1</u>	SINKS	<u>1</u>
SHOWER	<u>2</u>	URINALS	<u>0</u>	OTHER		OTHER	
OVERSIZED BATHTUB (EX: JACUZZI, SOAKER)	<u>0</u>	BIDET	<u>0</u>			POOL (SIZE)	
						HOSEBIBS	<u>2</u>
						BAR SINKS	<u>1</u>

PROPERTY OWNER SIGNATURE Francis Kenney DATE: \_\_\_\_\_

APPLICANT / CORPORATION OFFICER SIGNATURE Steve Cote DATE: 8/29/23

CORPORATION NAME: Cote & Foster Cont.

OFFICERS NAME & TITLE (print) Steve Cote V.P.

I, Francis Kenney 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.

Steve Cote  
Property Owner or Agent with Power of Attorney (Signature)

AMOUNT PAID 50.00 CASH / CHECK # 1510 DATE RECEIVED 8-30-23 BY S.G.

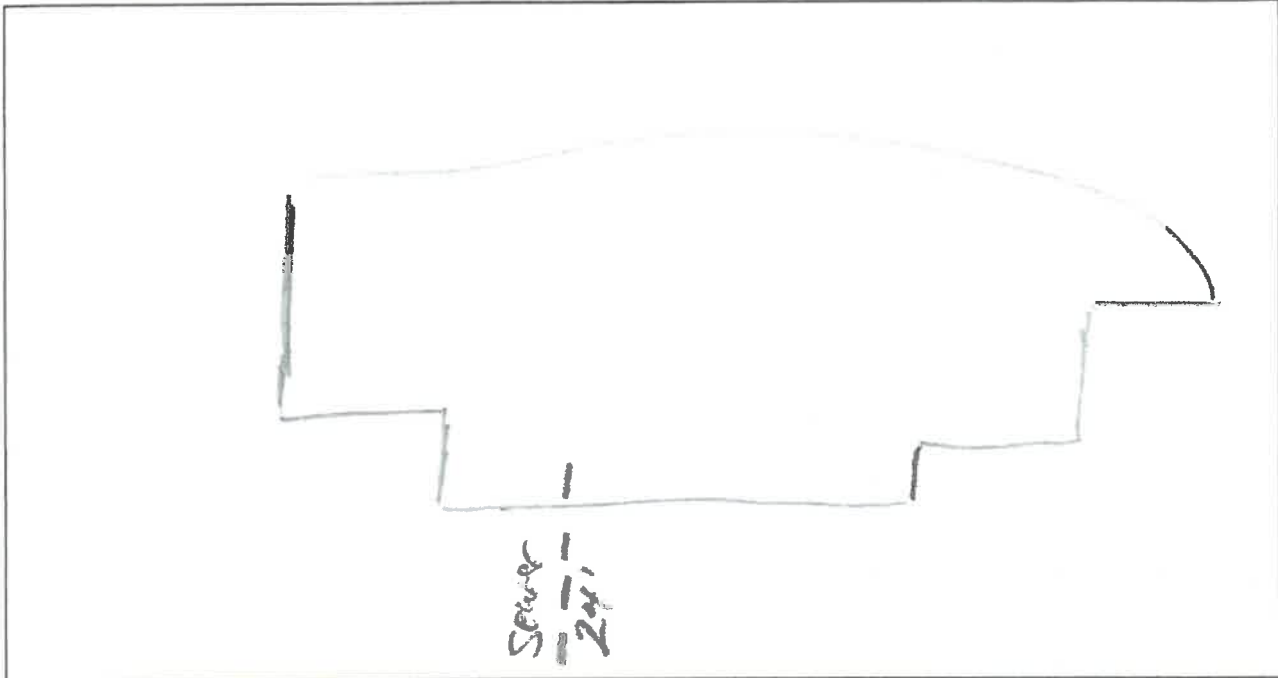
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**House Service Connection Ties**

Address: 152 ATLANTIC AVE  
 Map: 21 Lot: 15 Seq: 16

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:



Atlantic Ave

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] \_\_\_\_\_

8/31/20  
Date

AMOUNT PAID \_\_\_\_\_ CASH / CHECK # \_\_\_\_\_ DATE RECEIVED \_\_\_\_\_ BY \_\_\_\_\_