

**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: 8/21/23

APPLICANT / BUSINESS NAME Eric Nugent

SERVICE ADDRESS 162 Portsmouth Ave

MAP 20 LOT 162 SEQ. 0 ZONING DISTRICT _____ IS LOT IN CURRENT USE? Y / N _____

MAILING ADDRESS 163 Magazine St CITY Cambridge STATE MA ZIP 02139

PHONE 617-285-9578 CELL 617-285-9578 EMAIL enugent666@gmail.com

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) 2260

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

FIXTURE COUNT

BATHROOM		KITCHEN		LAUNDRY		MISC	
SHOWER/TUB COMBO	<input type="text" value="4"/>	SINKS	<input type="text" value="1"/>	SINKS	<input type="text" value="1"/>	WASHING MACHINE	<input type="text"/>
BATHTUB	<input type="text" value="1"/>	TOILETS	<input type="text" value="1"/>	DISHWASHER	<input type="text" value="1"/>	SINKS	<input type="text"/>
SHOWER	<input type="text" value="3"/>	URINALS	<input type="text"/>	OTHER	<input type="text"/>	OTHER	<input type="text"/>
OVERSIZED BATHTUB (EX: JACUZZI, SOAKER)	<input type="text"/>	BIDET	<input type="text"/>			HOSEBIBS	<input type="text"/>
						BAR SINKS	<input type="text"/>
						POOL (SIZE)	<input type="text"/>

PROPERTY OWNER SIGNATURE [Signature]

DATE: 8/21/23

APPLICANT / CORPORATION OFFICER SIGNATURE _____

DATE: _____

CORPORATION NAME: _____

OFFICERS NAME & TITLE (print) _____

I, Eric Nugent 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 50.00 CASH / CHECK # 625 DATE RECEIVED 8-21-23 BY SG

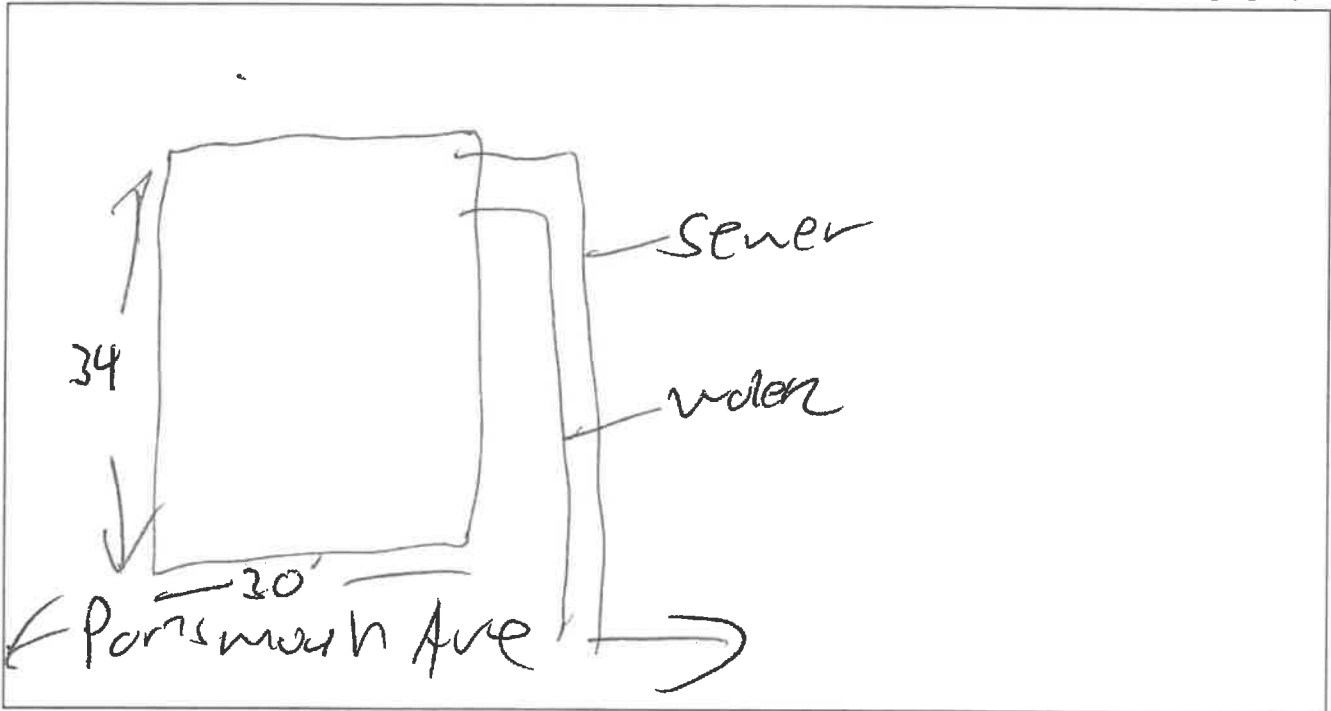
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House Service Connection Ties

Address: 162 Portsmouth Ave Seabrook NH
 Map: 20 Lot: 162 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

8/21/23
 Date

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