

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: 8-31-23

APPLICANT / BUSINESS NAME Stanley Saracy

SERVICE ADDRESS 202 So. Main St

MAP 16 LOT 81 SEQ. _____ ZONING DISTRICT _____ IS LOT IN CURRENT USE? Y / N

MAILING ADDRESS 11 Staw's way CITY Seabrook STATE N.H. ZIP 03874

PHONE 603 944-1308 CELL _____ EMAIL SARACYALDSON@HOTMAIL.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) 1180

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

new home on existing lot
old home was removed

FIXTURE COUNT

BATHROOM		KITCHEN		LAUNDRY		MISC	
SHOWER/TUB COMBO	<input type="checkbox"/> 2	SINKS	<input type="checkbox"/>	WASHING MACHINE	<input type="checkbox"/>	HOSEBIBS	<input type="checkbox"/>
BATHTUB	<input type="checkbox"/>	TOILETS	<input type="checkbox"/> 2	DISHWASHER	<input type="checkbox"/> 1	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"/>			POOL (SIZE)	<input type="checkbox"/>

PROPERTY OWNER SIGNATURE Stanley Saracy DATE: 8-31-23

APPLICANT / CORPORATION OFFICER SIGNATURE Stanley Saracy DATE: 8-31-23

CORPORATION NAME: _____

OFFICERS NAME & TITLE (print) _____

I, Stanley Saracy 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.

Stanley Saracy
 Property Owner or Agent with Power of Attorney (Signature)

AMOUNT PAID 50.00 CASH / CHECK # 7686 DATE RECEIVED 8-31-23 BY S.G.

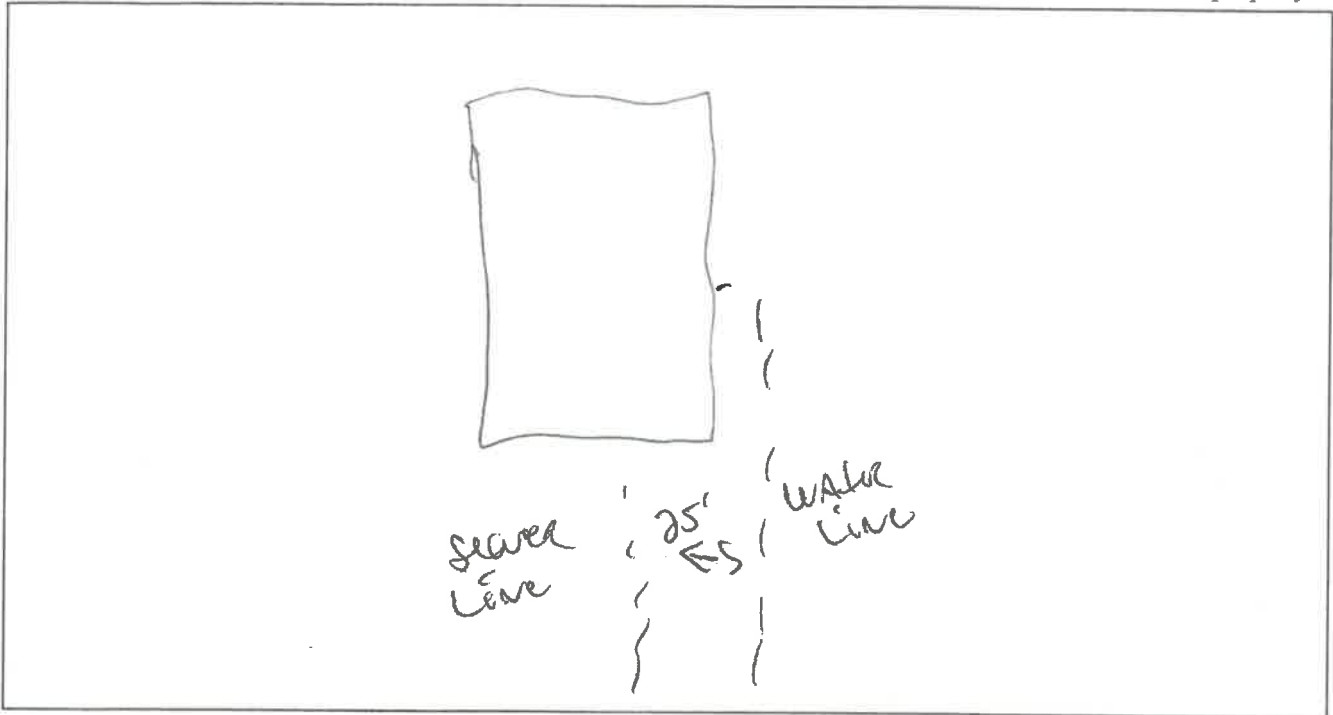
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House Service Connection Ties

Address: 202 South Main St
 Map: 16 Lot: 81 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:



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] 8/31/23 _____
 Sewer Superintendent Date

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