

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: 8/24/23

APPLICANT / BUSINESS NAME Stard Rd. Realty Trust
 SERVICE ADDRESS 32 Stard Rd
 MAP 4 LOT 19-22 SEQ. _____ ZONING DISTRICT _____ IS LOT IN CURRENT USE
 MAILING ADDRESS PO Box 460 CITY Seabrook STATE NH ZIP 03874
 PHONE 603-474-5424 CELL 978-375-2541 EMAIL ejdean@msn.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): Sewer/water connection to existing system
 BUILDING SIZE (IN SQUARE FEET) _____

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

Plans attached. installing water/sewer for 8 workforce housing sites

BATHROOM		FIXTURE COUNT			LAUNDRY		MISC	
		KITCHEN						
SHOWER/TUB COMBO	<input type="checkbox"/>	SINKS	<input type="checkbox"/>	WASHING MACHINE	<input type="checkbox"/>	HOSE/BIBS	<input type="checkbox"/>	<input type="checkbox"/>
BATHTUB	<input type="checkbox"/>	SINKS	<input type="checkbox"/>	SINKS	<input type="checkbox"/>	BAR SINKS	<input type="checkbox"/>	<input type="checkbox"/>
SHOWER	<input type="checkbox"/>	DISHWASHER	<input type="checkbox"/>	OTHER	<input type="checkbox"/>	POOL (SIZE)	<input type="checkbox"/>	<input type="checkbox"/>
OVERSIZED BATHTUB (EX: JACUZZI, SOAKER)	<input type="checkbox"/>	OTHER	<input type="checkbox"/>					
	<input type="checkbox"/>	TOILETS	<input type="checkbox"/>					
	<input type="checkbox"/>	URNALS	<input type="checkbox"/>					
	<input type="checkbox"/>	BIDET	<input type="checkbox"/>					

PROPERTY OWNER SIGNATURE Eugene J. Dean DATE: 8/24/23
 APPLICANT / CORPORATION OFFICER SIGNATURE Eugene J. Dean DATE: 8/24/23
 CORPORATION NAME: Stard Rd. Realty Trust
 OFFICERS NAME & TITLE (print) Eugene J. Dean, Trustee

I, Eugene J. Dean Property Owner (print) 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.
Eugene J. Dean
 Property Owner or Agent with Power of Attorney (Signature)

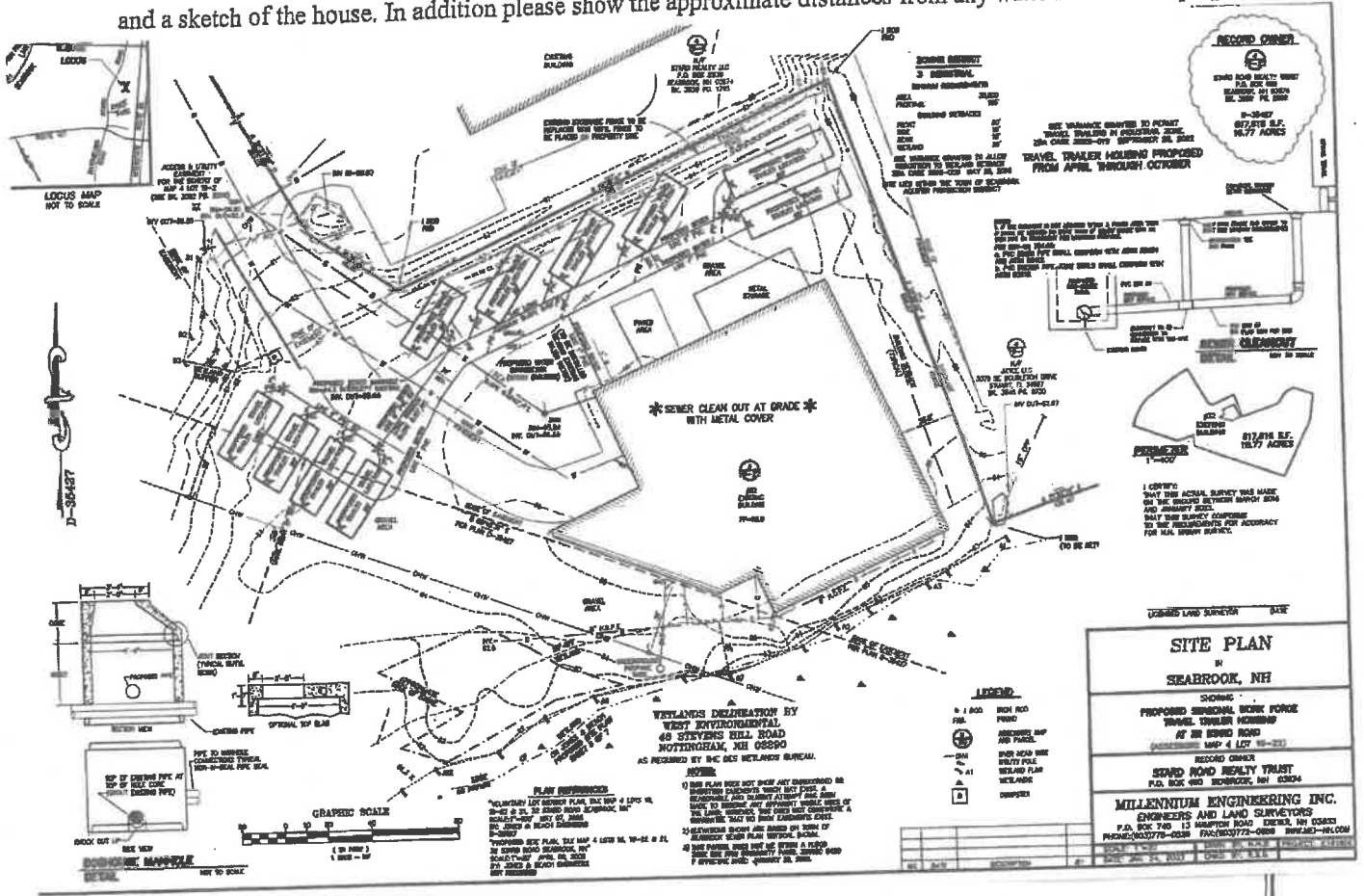
AMOUNT PAID \$800.00 CASH / CHECK # 2129 DATE RECEIVED 9-5-23 BY S.G.

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



Address: 32 Staird Rd House Service Connection Ties
Seabrook, NH 03874
 Map: 4 Lot: 19-22 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:



ISSUED AND DRAWN DATE

SITE PLAN
 IN
 SEABROOK, NH

SHOWING
 PROPOSED SEWERAL WORK FORCE
 TRUNK, TRUNKER CONNECTION
 AT AN EXISTING ROAD
 (AS SHOWN MAP 4 LOT 19-22)

SECOND OWNER
 SAND FORD TRUST
 P.O. BOX 400 SEABROOK, NH 03824

MILLENNIUM ENGINEERING INC.
 ENGINEERS AND LAND SURVEYORS
 P.O. BOX 740 13 MUTTON ROAD SEABROOK, NH 03823
 PHONE: 603/778-2008 FAX: 603/778-0008 EMAIL: MEG@MEI-COM

--OFFICE USE ONLY--

GRANTED _____ DENIED _____ DATE _____

Board of Sewer Commissioners

 (CHAIRMAN)

REASON FOR DENIAL: _____

 Date

[Signature]
 Sewer Superintendent

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