

**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 Bruce G. Brown

SERVICE ADDRESS 45 Bruce Rd

MAP 15 LOT 102 SEQ. 45 ZONING DISTRICT \_\_\_\_\_ IS LOT IN CURRENT USE? Y

MAILING ADDRESS 42 Washington St. CITY Seabrook STATE NH ZIP 03874

PHONE \_\_\_\_\_ CELL 603-944-2540 EMAIL bbrown1433@comcast.net

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): Replacing home. (existing)

BUILDING SIZE (IN SQUARE FEET) 1487

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

**FIXTURE COUNT**

**BATHROOM**

SHOWER/TUB COMBO   
 BATHTUB   
 SHOWER   
 OVERSIZED BATHTUB (EX: JACUZZI, SOAKER)

SINKS   
 TOILETS   
 URINALS   
 BIDET

**KITCHEN**

SINKS   
 DISHWASHER   
 OTHER

**LAUNDRY**

WASHING MACHINE   
 SINKS   
 OTHER

**MISC**

HOSEBIBS   
 BAR SINKS   
 POOL (SIZE)

PROPERTY OWNER SIGNATURE Bruce A. Brown

DATE: 8/24/23

APPLICANT / CORPORATION OFFICER SIGNATURE \_\_\_\_\_

DATE: \_\_\_\_\_

CORPORATION NAME: \_\_\_\_\_

OFFICERS NAME & TITLE (print) \_\_\_\_\_

I, Bruce G. Brown  
 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.

Bruce A. Brown  
 Property Owner or Agent with Power of Attorney (Signature)

AMOUNT PAID \$50.00 (CASH) CHECK # \_\_\_\_\_ DATE RECEIVED 8-28-23 BY S.G.

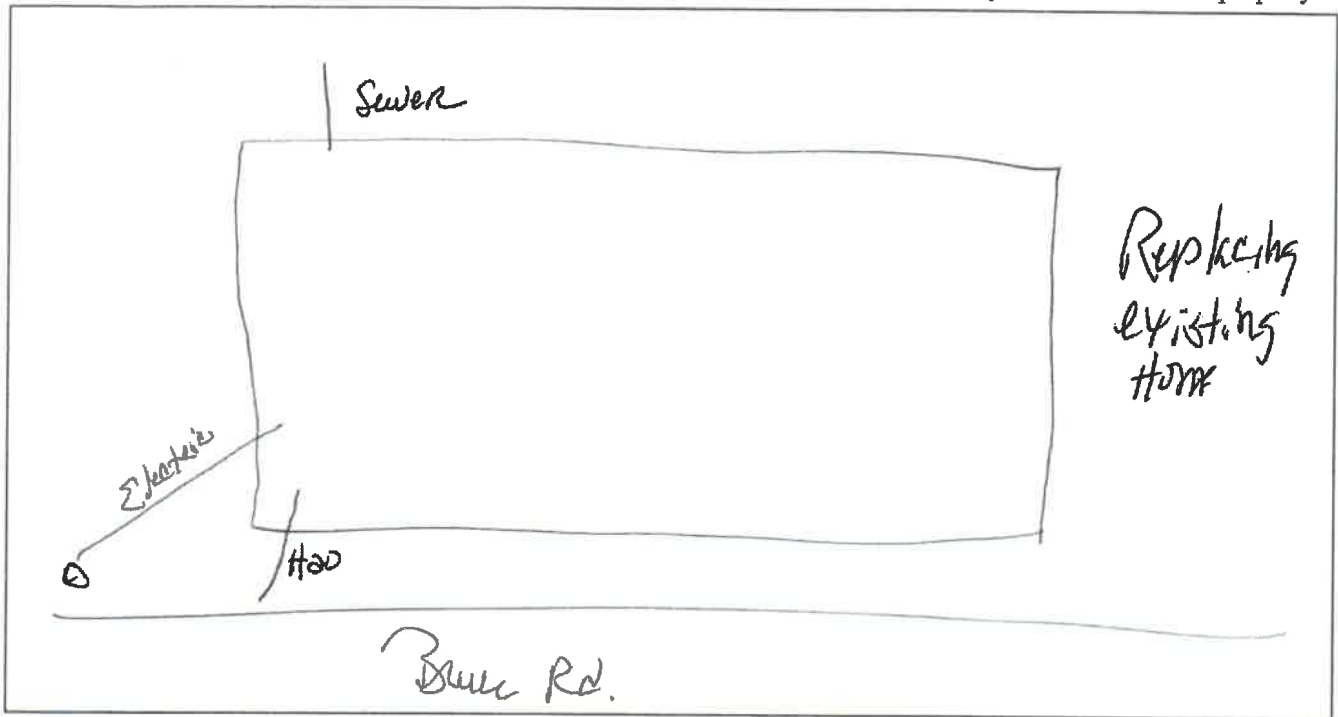
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**House Service Connection Ties**

Address: 45 Bruce Rd.  
 Map: 15 Lot: 102 Seq: 45

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] 8/27/23 \_\_\_\_\_  
 Sewer Superintendent Date

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