

**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: 9/14/2023

APPLICANT / BUSINESS NAME Glenn T. Saba Pres GSDC Development Corp

SERVICE ADDRESS 532 Manchester St

MAP 21 LOT 532 SEQ. _____ ZONING DISTRICT Beach Res IS LOT IN CURRENT USE? Y/N

MAILING ADDRESS 532 MANCHESTER ST CITY _____ STATE _____ ZIP _____

PHONE _____ CELL _____ EMAIL Ann.kemey@gmail.com

PROPERTY OWNER (IF DIFFERENT THAN ABOVE) Ann Kemey Paul Kemey PHONE (646) 379-2859

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) ... 2600

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

PROPERTY OWNER SIGNATURE Ann Kemey DATE: 9/12/2023

APPLICANT / CORPORATION OFFICER SIGNATURE Glenn T. Saba, Pres DATE: 9/13/2023

CORPORATION NAME: GSDC Development Corp

OFFICERS NAME & TITLE (print) Glenn T. Saba, President

I, Glenn T. Saba, Pres 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.

Glenn T. Saba
Property Owner or Agent with Power of Attorney (Signature)

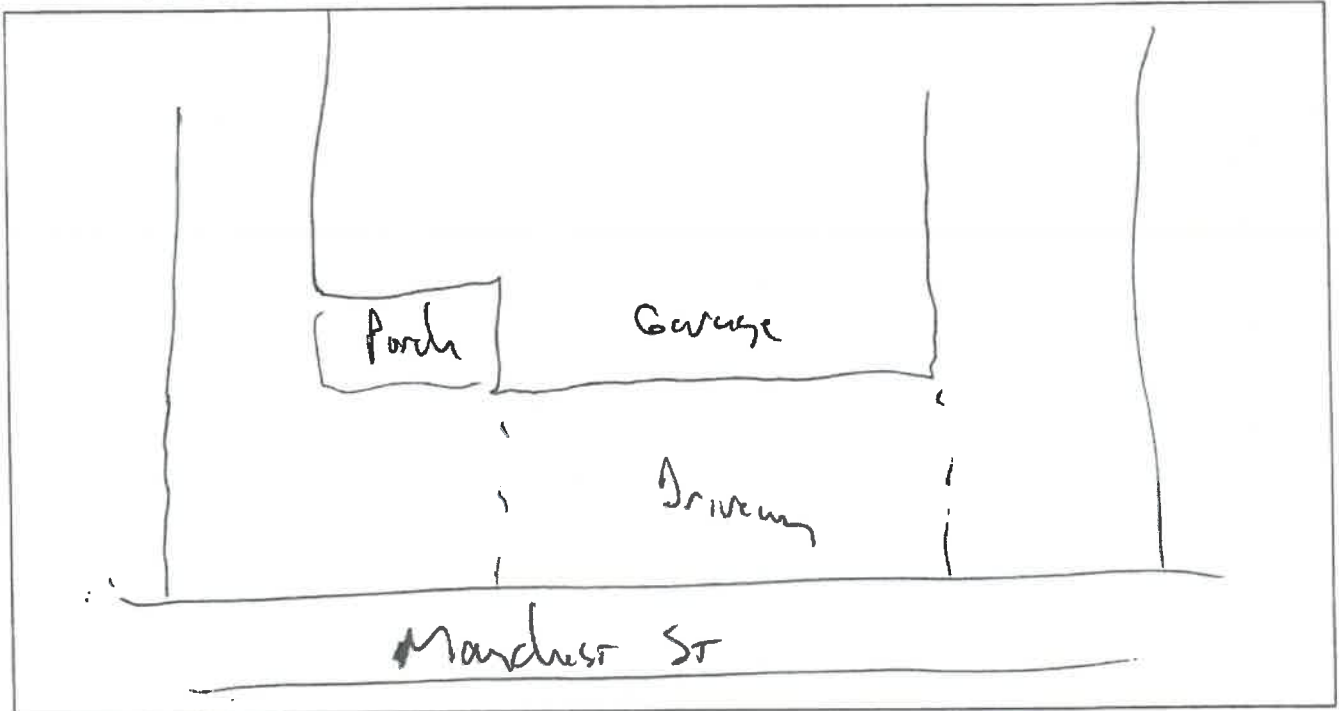
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House Service Connection Ties

Address: 532 Manchester St
 Map: 21 Lot: 532 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) _____

_____ 9/15/23 _____
 Sewer Superintendent Date

Amount Paid \$50.00 Cash/Check# 222 Date 9-14-23 By S.G.