

**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: 9/26/23

APPLICANT / BUSINESS NAME Genetti's General Contr Inc.

SERVICE ADDRESS 192 Atlantic Ave

MAP 21 LOT 13 SEQ. 2 ZONING DISTRICT _____ IS LOT IN CURRENT USE Y/N

MAILING ADDRESS 227 Pond st CITY McBillerica STATE MA ZIP 01862

PHONE 978-670-9931 CELL 781-858-2201 MAIL mike.genetti@GenContr.net

PROPERTY OWNER (IF DIFFERENT THAN ABOVE) Jacob and Danielle ~~Alexa~~ PHONE 603-231-9006
Alexa 603-475-7650

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) 3578

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

REBUILD

FIXTURE COUNT

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

PROPERTY OWNER SIGNATURE _____

DATE: _____

APPLICANT / CORPORATION OFFICER SIGNATURE Mike Genetti

DATE: 9/26/23

CORPORATION NAME: Genetti's Gen. Contr. Inc

OFFICERS NAME & TITLE (print) Mike Genetti

I, JAKE ALESKA agree that I will not hold the Seabrook Sewer Department
Property Owner (print) responsible for any damages to my property, which may be incurred during, or as a result of the sewer service

installation.

Jake Aleska
Property Owner or Agent with Power of Attorney (Signature)

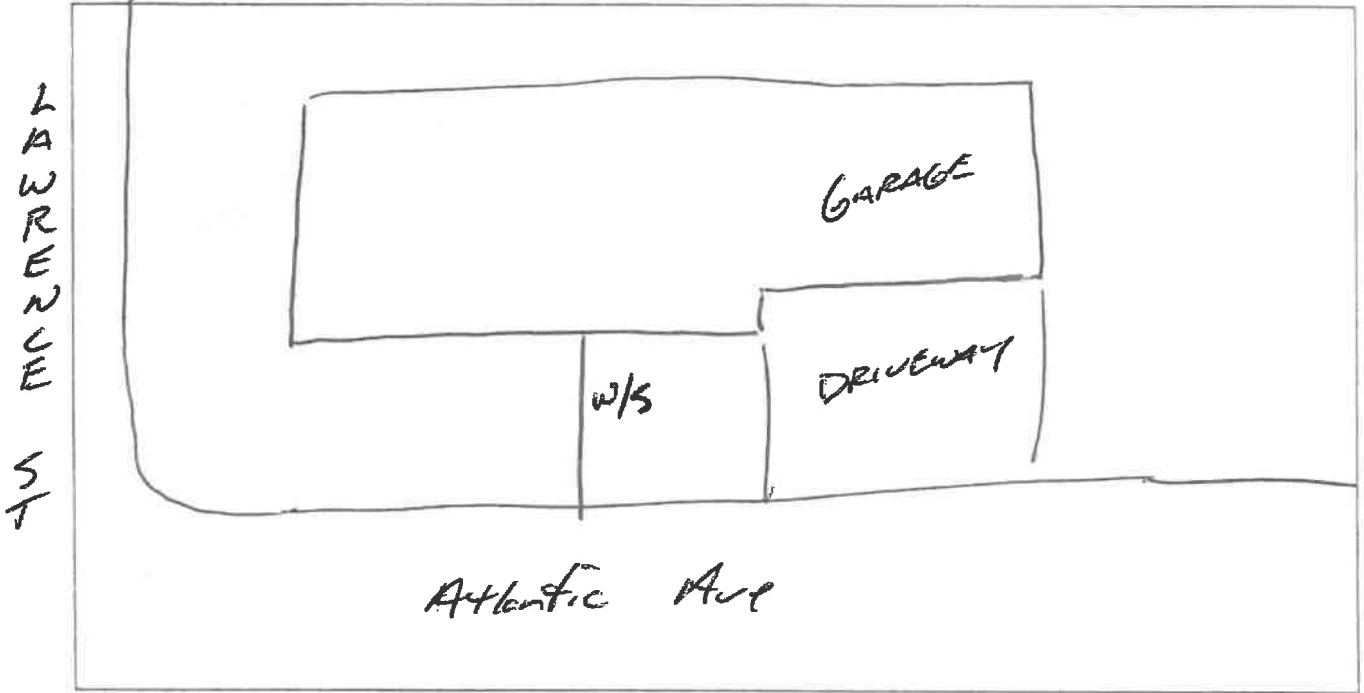
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House Service Connection Ties

Address: 192 Atlantic Ave
 Map: 21 Lot: 13-2 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] 9/28/23 _____
 Sewer Superintendent Date

Amount Paid \$100.00 Cash/Check# 2114 Date 9/27/23 By SC