

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: 11/26/23

APPLICANT / BUSINESS NAME T. Park Realty Alexis Garrant

SERVICE ADDRESS 3 A street

MAP 7 LOT 90 SEQ. 3 ZONING DISTRICT _____ IS LOT IN CURRENT USE N

MAILING ADDRESS Po Box 359 CITY Hampton Falls STATE NH ZIP 03844

PHONE _____ CELL 603-918-8906 EMAIL Tpark7@yahoo.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) _____

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

EXISTING SEWER LINE

FIXTURE COUNT

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

PROPERTY OWNER SIGNATURE [Signature] DATE: 11/26/23

APPLICANT / CORPORATION OFFICER SIGNATURE _____ DATE: _____

CORPORATION NAME: _____

OFFICERS NAME & TITLE (print) [Signature]

I, Alexis Garrant 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.

[Signature]
 Property Owner or Agent with Power of Attorney (Signature)

AMOUNT PAID 5000 CASH / CHECK # 1648 DATE RECEIVED 11-27-23 BY S.G.

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House Service Connection Ties

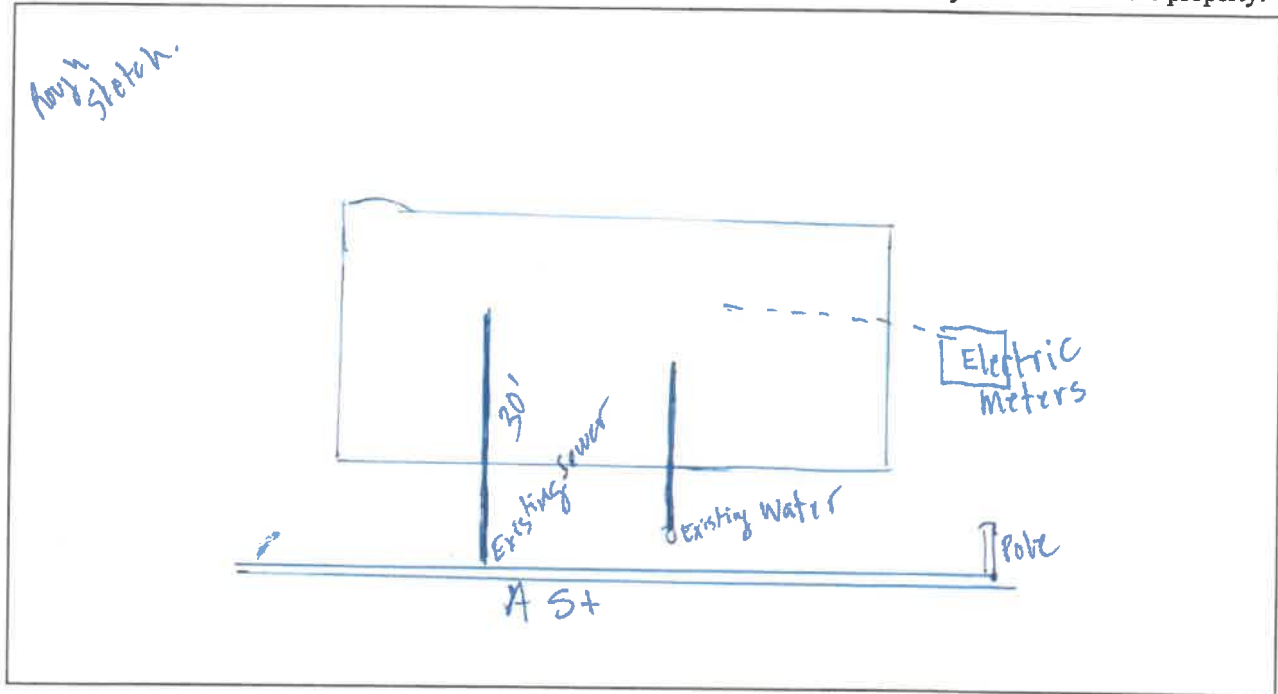
Address: 3 A Street

Map: 70

Lot: 90

Seq: 3

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] _____
Sewer Superintendent

11/27/20 _____
Date

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

Footings size (in.)	Footings max. load (lb.) for 8' x12' pier
16x16x6	2.5K
20x20x6	3.4K
24x24x6	4.0K
30x30x6	5.6K
36x36x12	8.5K
42x42x12	12.4K
48x48x12	16.5K
	21.2K

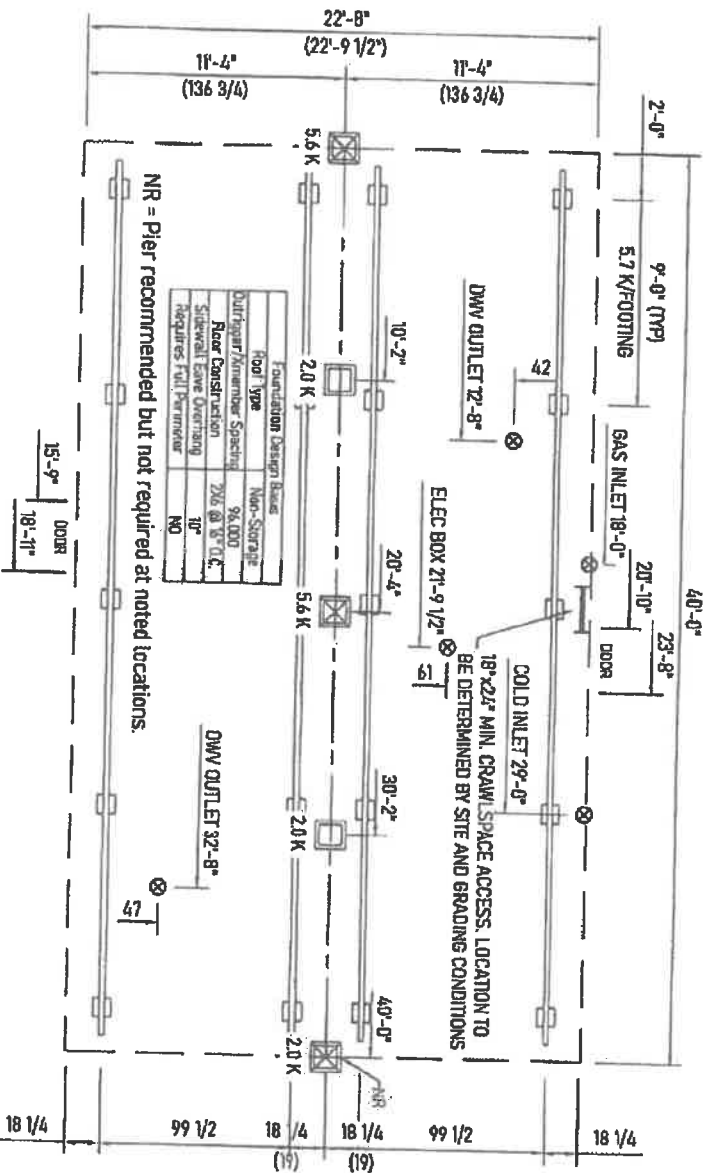
COLUMNS & FOOTINGS MUST BE RATED TO MEET THE CENTER LINE LOADS LISTED

30 PSF

Kip loads noted are based on allowable stress design (ASD). Capacity of supports (columns, footings, etc.) must exceed noted kip loads. Any changes to this plan that affect the foundation in any way will be the sole responsibility of the builder/finisher.

BECAUSE FORMAL WORKING DRAWINGS FOR THE PRODUCTION OF THIS HOME ARE TO BE DEVELOPED IN THE FUTURE, THE SUPPORT FOOTING AND UTILITY DROP LOCATIONS, IF SHOWN, ON THIS FOUNDATION PLAN ARE SUBJECT TO CHANGE.

REFER TO INSTALLATION MANUAL FOR PERIMETER PIER BLOCKING REQUIREMENTS. PERIMETER PIER BLOCKINGS & FOOTERS ARE REQUIRED (RATED FOR 2.0K MIN) ON BOTH SIDES OF ALL EXTERIOR DOORS LOCATED IN THE SIDEWALLS (OR SEE ALTERNATE FLOOR REINFORCEMENT) AND ANY OPENINGS IN THE SIDEWALL OF 4' OR MORE INCLUDING PATIO DOORS, RECESSED ENTRIES, BAY WINDOWS, BUMP-OUTS AND PORCHES.



- CRAWLSPACE NOTES -

1. CRAWLSPACE MUST BE VENTILATED PER IRC 408.1 AND IRC 408.2 (ONE VENTILATING OPENING TO BE WITHIN 3' OF EACH CORNER OF BUILDING, 1 SQ. FT NET AREA PER EACH 150 SQ. FT OF FOUNDATION AREA). REFER TO HUD INSTALLATION MANUAL FOR MORE INFORMATION.
2. WIDTH DIMENSIONS SHOWN INCLUDE A 3/4" ALLOWANCE PER JOIST SECTION FOR JOISTS WITH FACTORY-INSTALLED OSB. ON THE MARRIAGE WALL MAKE THIS ALLOWANCE TAKES INTO ACCOUNT THE 7/8" OSB MATERIAL INSTALLED ON EACH MARRIAGE WALL PLUS ALLOWANCE DUE TO OTHER FACTORS. IF HOME DOES NOT INCLUDE OSB ON THE MARRIAGE WALL MAKE LINE FOUNDATION WIDTHS TO BE SIZED EQUAL TO ACTUAL MANUFACTURED JOIST WIDTH. LESSER DIMENSION, IF SHOWN, INDICATES ACTUAL FLOOR WIDTH. THESE DIMENSIONS DO NOT ALLOW FOR ANY VARIANCE THAT MAY OCCUR IN SITE INSTALLATION SUCH AS GAPPING, OFF CENTER SET OR OTHER FIELD-ENCOUNTERED VARIABLES. ANY ADJUSTMENTS NEEDED IN FOUNDATION WIDTH DUE TO SUCH VARIANCES ARE AT THE DISCRETION OF THE INSTALLER.
3. REFER TO INSTALLATION INSTRUCTIONS FOR ALL OTHER INFORMATION NOT COVERED BY THIS DRAWING. INSTALL PER AND FOOTING AT EACH CORNER OF SIDEWALL, WALK-OUT BAY WINDOW UNITS, CONCRETE COMPRESSIVE STRENGTH (CPS): 3000 PSI MINIMUM.
4. FOR DEVIATIONS &/OR OTHER FOUNDATION DESIGNS CONSULT A LOCAL PROFESSIONAL ENGINEER & YOUR LOCAL BUILDING OFFICIAL.

Builder: **Commodore Homes of Pennsylvania**
 Address: 20898 Paint Blvd, Shippenville, PA 16254
 Phone: 724.401.2640

Revisions	Scale	Date	Drawn By	Checked By
1/8" = 1'-0"	1/8" = 1'-0"	11/21/2023	SAJI	New Style



Model/Eng. No.: **3A2601-EB-ML01**