

**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: 10/24/23

APPLICANT / BUSINESS NAME MC Homes LLC
 SERVICE ADDRESS 3A' Almena Way
 MAP 10 LOT 90 SEQ. _____ ZONING DISTRICT _____ IS LOT IN CURRENT USE? Y N
 MAILING ADDRESS PO Box 4410 CITY Windham STATE NH ZIP 03087
 PHONE 781 504 5557 CELL SAME EMAIL Chris@mymchomes.com
 PROPERTY OWNER (IF DIFFERENT THAN ABOVE) SAME 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) 4056

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

DUPLEX

BATHROOM		FIXTURE COUNT			LAUNDRY		MISC	
		KITCHEN						
SHOWER/TUB COMBO	<u>2</u>	SINKS	<u>6</u>	SINKS	<u>2</u>	WASHING MACHINE	<u>4</u>	HOSEBIBS
BATHTUB	<u>0</u>	TOILETS	<u>6</u>	DISHWASHER	<u>0</u>	SINKS	<u>0</u>	BAR SINKS
SHOWER	<u>2</u>	URINALS	<u>0</u>	OTHER	<u>0</u>	OTHER	<u>0</u>	POOL (SIZE)
OVERSIZED BATHTUB (EX: JACUZZI, SOAKER)	<u>0</u>	BIDET	<u>0</u>					

PROPERTY OWNER SIGNATURE _____ DATE: _____
 APPLICANT / CORPORATION OFFICER SIGNATURE [Signature] DATE: 10/24/23
 CORPORATION NAME: MC Homes LLC
 OFFICERS NAME & TITLE (print) CHRIS ALEXANDER

I, Chris Alexander 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 \$ 00.00 CASH / CHECK # 1248 DATE RECEIVED 10/31/23 BY CS. [Signature]

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

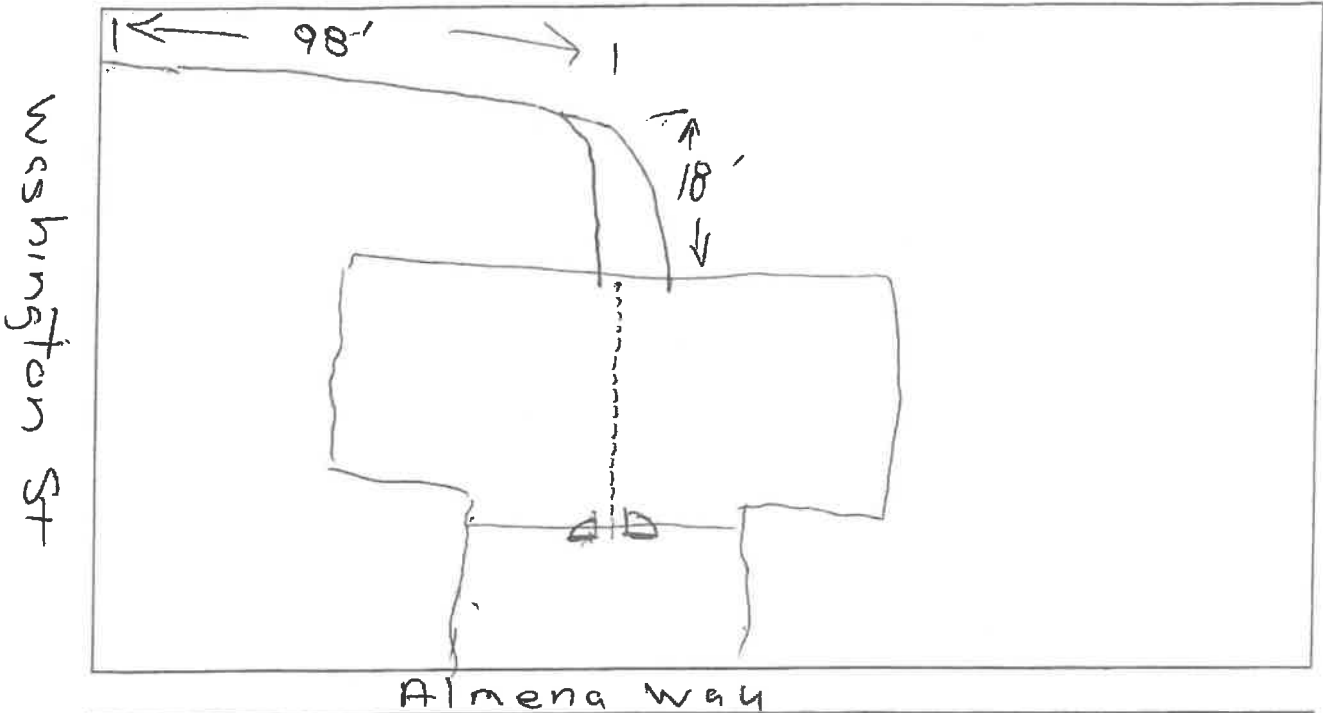


House Service Connection Ties

Address: 3A, 3B Almena Way

Map: 10 Lot: 90 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] _____ Date 10/31/23

Sewer Superintendent

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