

**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 3B 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 5757 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

FIXTURE COUNT

BATHROOM		KITCHEN		LAUNDRY		MISC	
SHOWER/TUB COMBO	<input type="checkbox"/> 2	SINKS	<input type="checkbox"/> 6	SINKS	<input type="checkbox"/> 2	WASHING MACHINE	<input type="checkbox"/> 4
BATHTUB	<input type="checkbox"/> 0	TOILETS	<input type="checkbox"/> 6	DISHWASHER	<input type="checkbox"/> 0	SINKS	<input type="checkbox"/> 0
SHOWER	<input type="checkbox"/> 2	URINALS	<input type="checkbox"/> 0	OTHER	<input type="checkbox"/> 0	OTHER	<input type="checkbox"/> 0
OVERSIZED BATHTUB (EX: JACUZZI, SOAKER)	<input type="checkbox"/> 0	BIDET	<input type="checkbox"/> 0				<input type="checkbox"/> 0
							<input type="checkbox"/> 0
							<input type="checkbox"/> 0
							<input type="checkbox"/> 0

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 \$ 800.00 CASH / CHECK # 1248 DATE RECEIVED 10/31/23 BY CS S.G.

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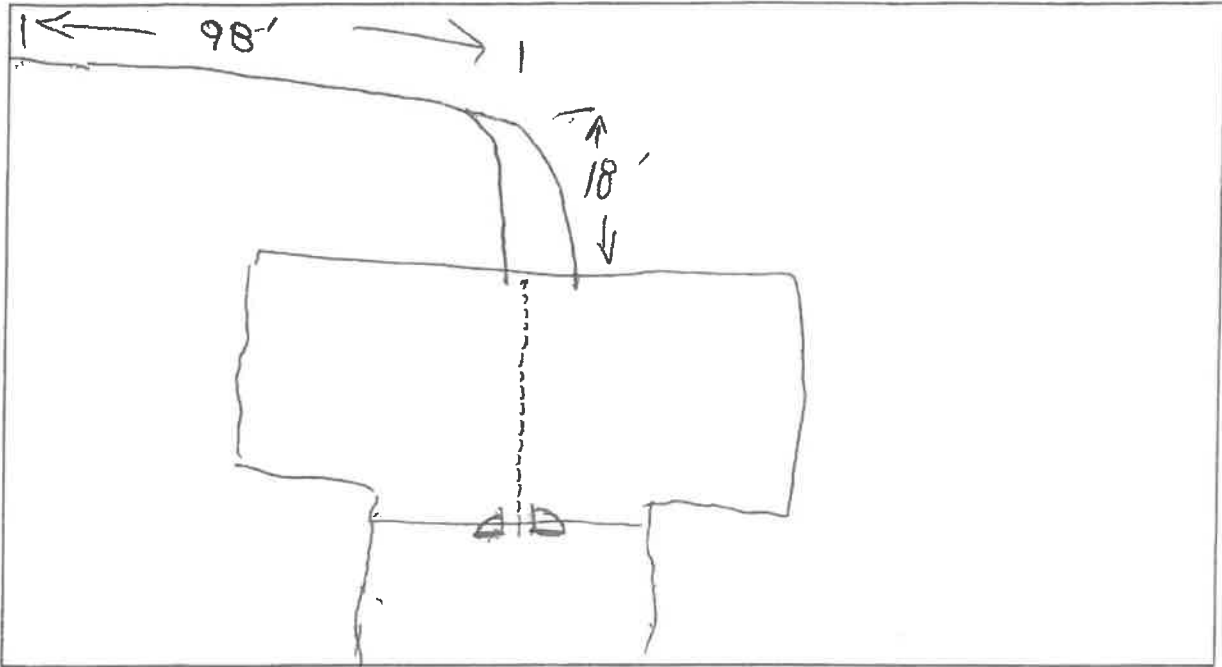


House Service Connection Ties

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:

Washington St



Almena Way

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

10/31/23
 Date

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