

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: 10-17-23

APPLICANT / BUSINESS NAME

Daniel + Lori Calderwood

SERVICE ADDRESS

58 Dows Lane

MAP

12

LOT

8

SEQ.

2

ZONING DISTRICT

IS LOT IN CURRENT USE? Y N

MAILING ADDRESS

58 Dows Lane

CITY

Seabrook

STATE

NH

ZIP

03874

PHONE

603-814-4925

CELL

603-997-7878

EMAIL

loribirdc@gmail.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) 1,475

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

NEW HOME WILL GO IN FRONT OF THE SINGLE WIDE. SINGLEWIDE WILL BE REMOVED

FIXTURE COUNT

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

PROPERTY OWNER SIGNATURE

Lori L. Calderwood

DATE: 10-17-23

APPLICANT / CORPORATION OFFICER SIGNATURE

DATE:

CORPORATION NAME:

OFFICERS NAME & TITLE (print)

I, Lori L. Calderwood 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.

Lori L. Calderwood

Property Owner or Agent with Power of Attorney (Signature)

AMOUNT PAID \$100.00 CASH / CHECK # 43790 DATE RECEIVED 10/19/23 BY S.G.

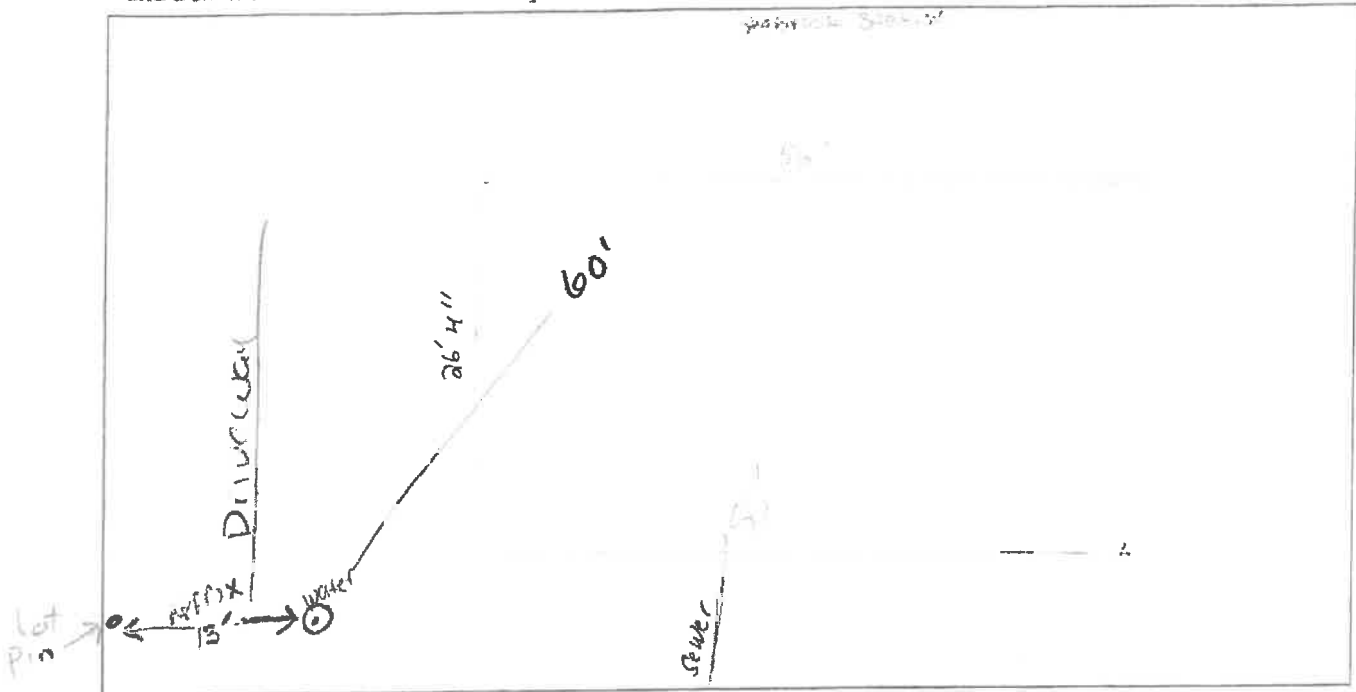
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House Service Connection Ties

Address: 58 DOW'S LN
 Map: 12 Lot: 8 Seq: 2

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) _____

 Sewer Superintendent 10/20/23 Date

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