

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: 10-18-2023

APPLICANT / BUSINESS NAME CHUCK WHITE / GRAY CONSTRUCTION

SERVICE ADDRESS 83 PEMBROKE ST.

MAP 20 LOT 83 SEQ. _____ ZONING DISTRICT _____ IS LOT IN CURRENT USE? Y / N

MAILING ADDRESS PO BOX 252 CITY RYE STATE NH ZIP 03870

PHONE _____ CELL 603-312-3304 EMAIL chuck@graycontractors.com

PROPERTY OWNER (IF DIFFERENT THAN ABOVE) SUSAN GRUBBS 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) 3835

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

FIXTURE COUNT

BATHROOM		KITCHEN		LAUNDRY		Misc	
SHOWER/TUB COMBO	<input type="text" value="2"/>	SINKS	<input type="text" value="5"/>	WASHING MACHINE	<input type="text" value="1"/>	HOSEBIBS	<input type="text" value="2"/>
BATHTUB	<input type="text"/>	TOILETS	<input type="text" value="4"/>	DISHWASHER	<input type="text" value="1"/>	BAR SINKS	<input type="text"/>
SHOWER	<input type="text" value="1"/>	URINALS	<input type="text"/>	OTHER	<input type="text"/>	POOL (SIZE)	<input type="text"/>
OVERSIZED BATHTUB (EX: JACUZZI, SOAKER)	<input type="text"/>	BIDET	<input type="text"/>				

PROPERTY OWNER SIGNATURE Susan T. Grubbs DATE: 10-12-23

APPLICANT / CORPORATION OFFICER SIGNATURE CHUCK WHITE / CC DATE: 10-18-2023

CORPORATION NAME: GRAY CONSTRUCTION

OFFICERS NAME & TITLE (print) CHUCK WHITE / GENERAL MGR

I, SUSAN T. Grubbs 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.

Susan T. Grubbs
 Property Owner or Agent with Power of Attorney (Signature)

AMOUNT PAID 100.00 CASH / CHECK # 2302 DATE RECEIVED 10/20/23 BY S.G.



House Service Connection Ties

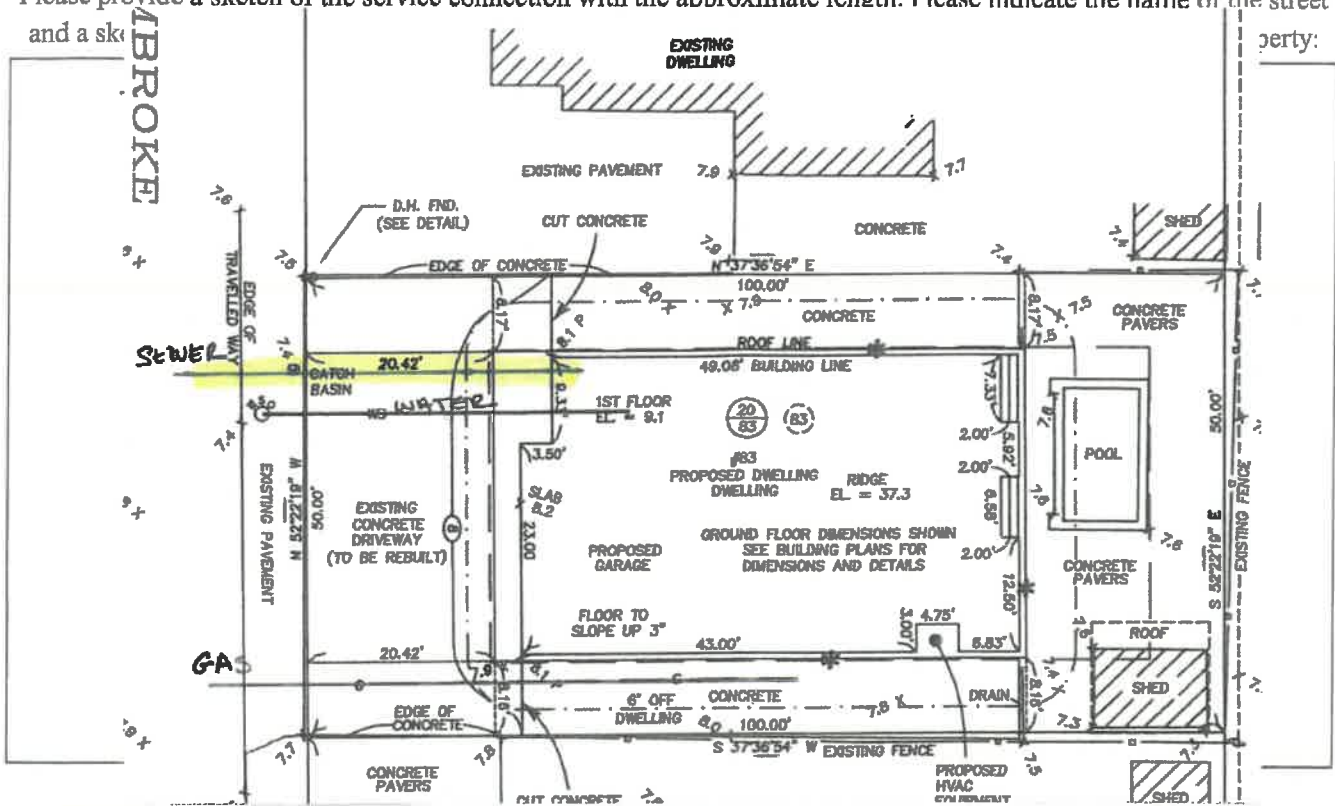
Address: 83 PEMBROKE STREET

Map: 20

Lot: 83

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 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

10/20/22
 Date

AMOUNT PAID	CASH / CHECK #	DATE RECEIVED	BY
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