



APPLICATION FOR SEWER SERVICE

DATE: 10-16-2023

APPLICANT / BUSINESS NAME Phil Franciosa

SERVICE ADDRESS 92 Atlantic Ave

MAP 21 LOT 8 SEQ. _____ ZONING DISTRICT _____ IS LOT IN CURRENT USE? Y N

MAILING ADDRESS 10 Merrimac St CITY Seabrook STATE NH ZIP 03874

PHONE 978-270-6826 CELL Same EMAIL pfranciosa27@gmail.com

PROPERTY OWNER (IF DIFFERENT THAN ABOVE) The Charles B McDevitt Revocable Trust + The Nancy A McDevitt Revocable Trust PHONE 508-654-7223

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) 3,436 +/-

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

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 type="checkbox"/>	DISHWASHER <input type="checkbox"/>	SINKS <input type="checkbox"/>	BAR SINKS <input type="checkbox"/>
SHOWER <input type="checkbox"/>	OTHER <input type="checkbox"/>	OTHER <input type="checkbox"/>	POOL (SIZE) <input type="checkbox"/>
OVERSIZED BATHTUB (EX: JACUZZI, SOAKER) <input type="checkbox"/>			

PROPERTY OWNER SIGNATURE Charles McDevitt DATE: _____
 APPLICANT / CORPORATION OFFICER SIGNATURE _____ DATE: 10-16-2023
 CORPORATION NAME: _____
 OFFICERS NAME & TITLE (print) Philip Franciosa

I, Charles McDevitt 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.

Charles McDevitt
Property Owner or Agent with Power of Attorney (Signature)



House Service Connection Ties

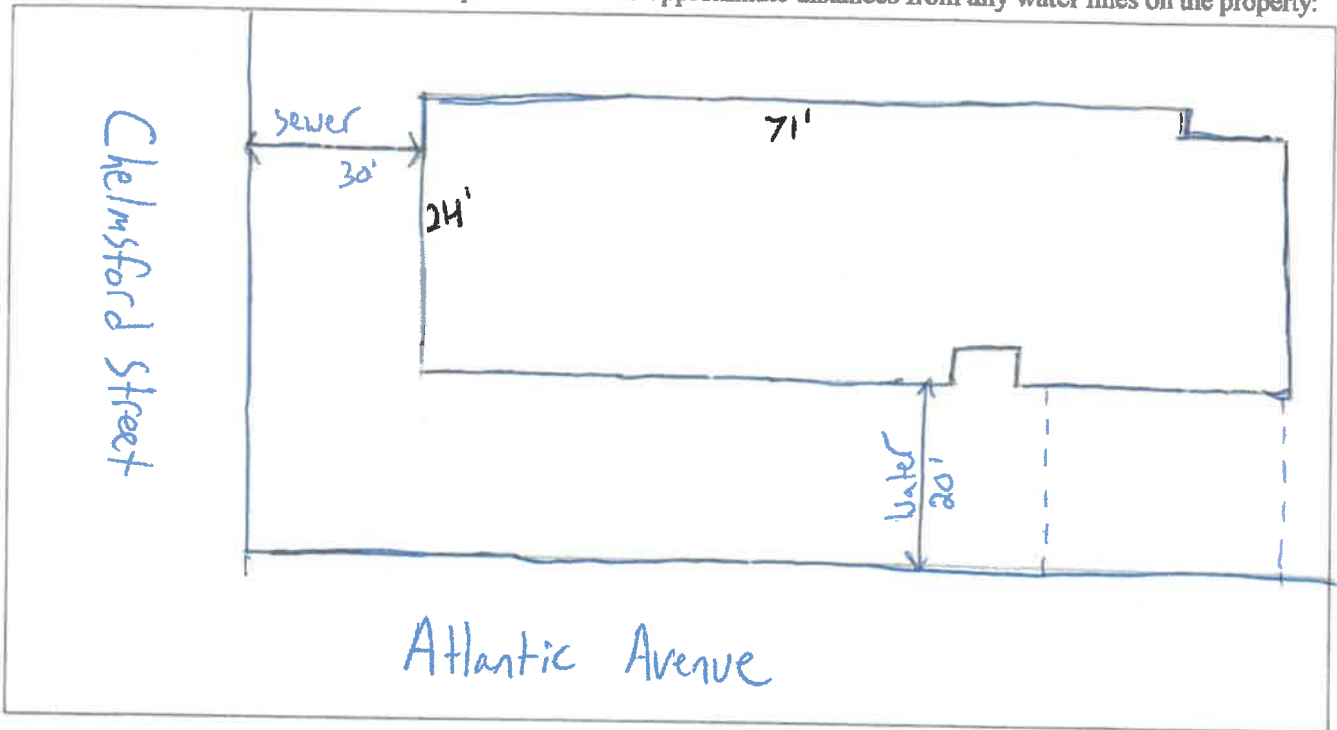
Address: 92 Atlantic Ave

Map: 21

Lot: 8

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] 10/17/23
Sewer Superintendent Date

Amount Paid \$ 100.00 Cash/Check# 1768 Date 10-17-23 By S/g