

**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: 12-13-23

APPLICANT / BUSINESS NAME Maria Brown
 SERVICE ADDRESS 16 Walnutley Ave Seabrook NH 03874
 MAP 16 LOT 48 SEQ. 0 ZONING DISTRICT _____ IS LOT IN CURRENT USE Y/N
 MAILING ADDRESS Same as above CITY Seabrook STATE NH ZIP 03874
 PHONE _____ CELL (603) 814-9161 EMAIL _____
 PROPERTY OWNER (IF DIFFERENT THAN ABOVE) N/A 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): or mod home

BUILDING SIZE (IN SQUARE FEET) 1100

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

REPLACING HOME

FIXTURE COUNT

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

PROPERTY OWNER SIGNATURE Maria Brown

DATE: 12-13-23

APPLICANT / CORPORATION OFFICER SIGNATURE Maria Brown

DATE: 12-13-23

CORPORATION NAME: N/A

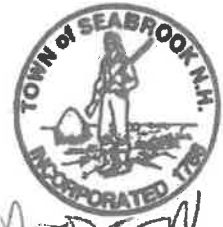
OFFICERS NAME & TITLE (print) N/A

I, Maria Brown 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.

Maria Brown
Property Owner or Agent with Power of Attorney (Signature)

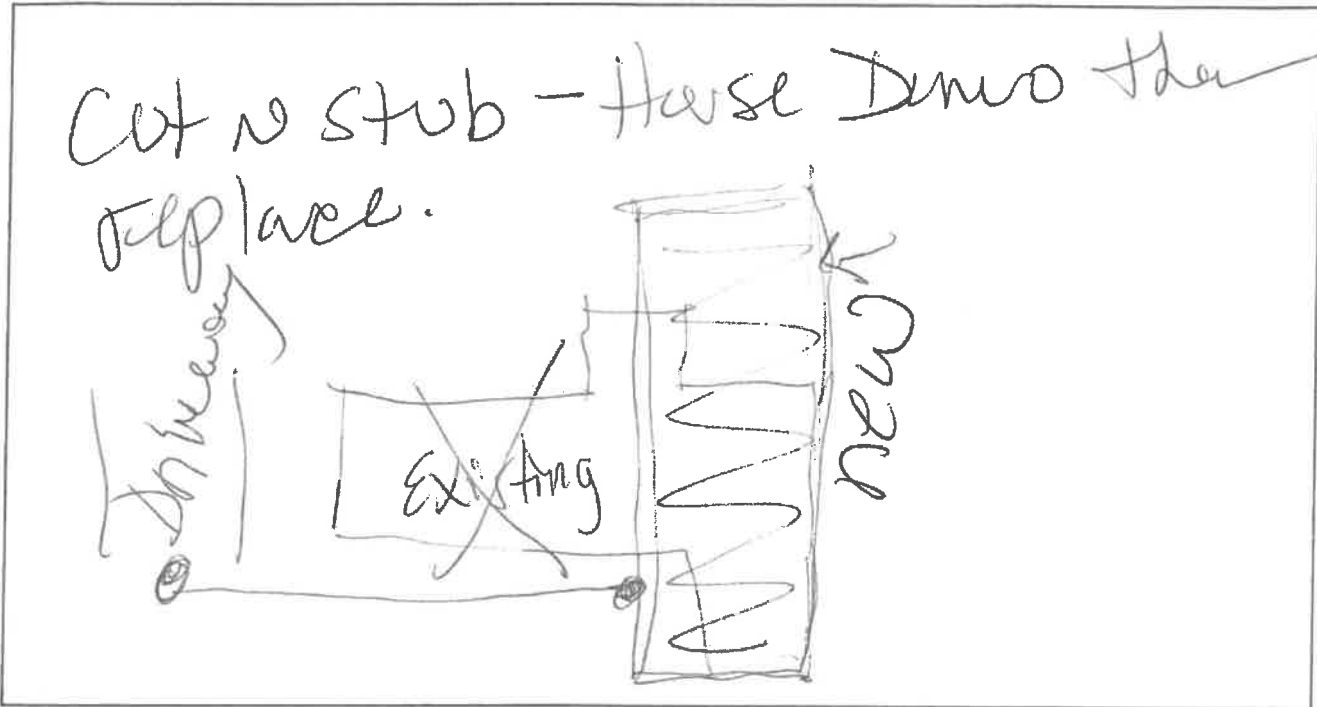
AMOUNT PAID 50.00 CASH / CHECK # _____ DATE RECEIVED 12-13-23 BY S.G.

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Address: 16 Washley Ave Seabrook NH 03874 **House Service Connection Ties**
 Map: 16 Lot: 48 Seq: 0

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 _____

REASON FOR DENIAL: _____

[Signature] 12/13/22
 Sewer Superintendent Date

Board of Sewer Commissioners

 (CHAIRMAN)

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