

**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: 2/20/24

APPLICANT / BUSINESS NAME Marla Maryea

SERVICE ADDRESS 115 Centennial St

MAP 9 LOT 28 SEQ. _____ ZONING DISTRICT _____ IS LOT IN CURRENT USE? Y (N)

MAILING ADDRESS 115 Centennial St CITY Seabrook STATE NH ZIP 03874

PHONE (603) 777-2340 CELL _____ EMAIL taupsnana@comcast.net

PROPERTY OWNER (IF DIFFERENT THAN ABOVE) Merlene & Joseph Tirone PHONE (603) 474-7077

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) 924

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

replacing mobile home

FIXTURE COUNT

BATHROOM		KITCHEN		LAUNDRY		MISC	
SHOWER/TUB COMBO	<input type="checkbox"/> 1	SINKS	<input type="checkbox"/> 2	WASHING MACHINE	<input type="checkbox"/> 1	HOSEBIBS	<input type="checkbox"/> 1
BATHTUB	<input type="checkbox"/> -	TOILETS	<input type="checkbox"/> 2	DISHWASHER	<input type="checkbox"/> 1	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 Merlene Tirone DATE: _____

→ APPLICANT / CORPORATION OFFICER SIGNATURE Marla Maryea DATE: 2/14/24

CORPORATION NAME: _____

OFFICERS NAME & TITLE (print) _____

I, Merlene Tirone 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.

Merlene Tirone
Property Owner or Agent with Power of Attorney (Signature)

AMOUNT PAID 50.00 CASH / CHECK # 1953 DATE RECEIVED 2-20-24 BY _____

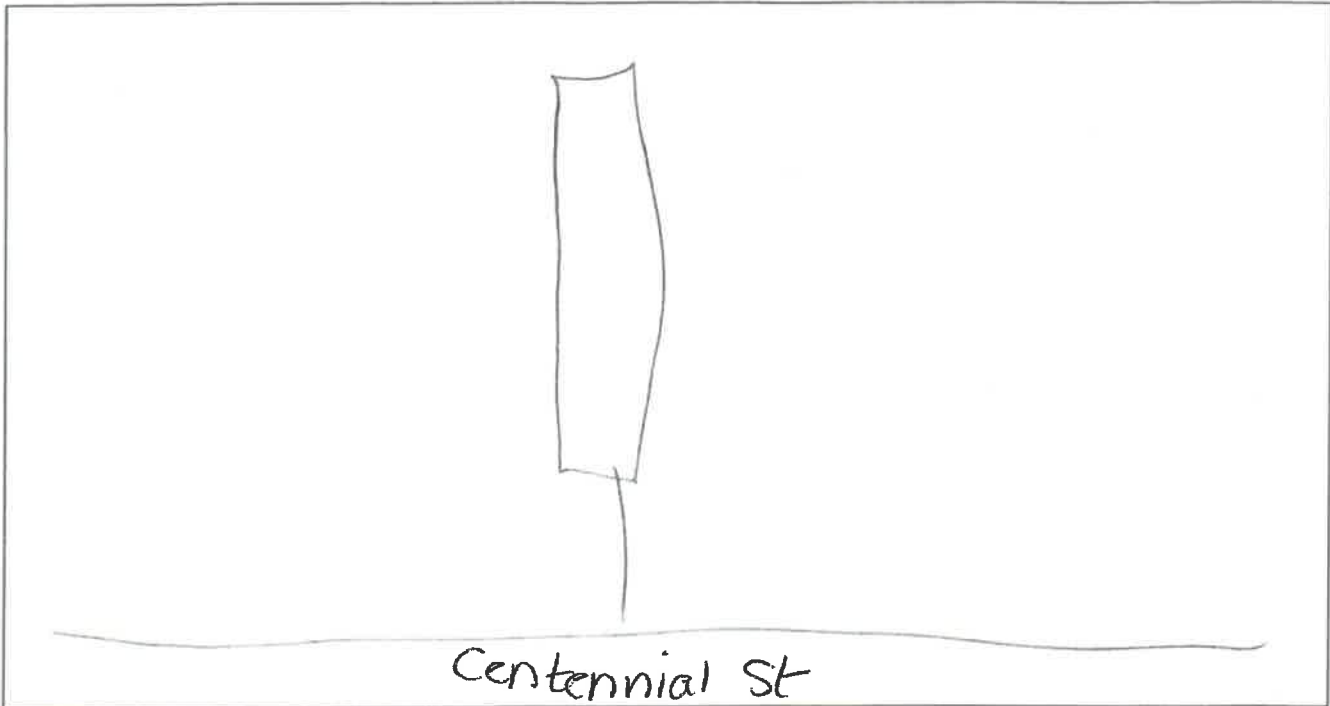
TOWN OF SEABROOK
SEWER DEPARTMENT & .
WASTEWATER TREATMENT FACILITY
 PO BOX 456 • WRIGHT'S ISLAND • SEABROOK, NH 03874
 PHONE (603) 474-8012 • FAX (603) 474-8014



House Service Connection Ties

Address: 115 Centennial St
 Map: 9 Lot: 28 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] 2/20/24 _____
 Sewer Superintendent Date

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