

**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: 2-9-24

APPLICANT / BUSINESS NAME M.G. Construct

SERVICE ADDRESS 21 Ayers Circle

MAP 9 LOT 98 SEQ. 0 ZONING DISTRICT _____ IS LOT IN CURRENT USE? Y/N _____

MAILING ADDRESS 194 Banks Hill Ave CITY Statham STATE NH ZIP 03888

PHONE (603) 235-7817 CELL Same EMAIL M.G. Construct NH@gmail

PROPERTY OWNER (IF DIFFERENT THAN ABOVE) 21 Ayers Circle PHONE (603) 702-2088 ¹⁰⁴

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) 780

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

ADDING APARTMENT OVER GARAGE - ADDING 40 FT APPROX

BATHROOM		FIXTURE COUNT			LAUNDRY		MISC	
		KITCHEN						
SHOWER/TUB COMBO	<input type="text" value="5"/>	SINKS	<input type="text" value="2"/>	<input checked="" type="checkbox"/>	WASHING MACHINE	<input type="text"/>	HOSEBIBS	<input type="text"/>
BATH/TUB	<input type="text"/>	TOILETS	<input type="text" value="2"/>	<input type="checkbox"/>	SINKS	<input type="text"/>	BAR SINKS	<input type="text"/>
SHOWER	<input type="text" value="3"/>	URINALS	<input type="text"/>	<input type="checkbox"/>	OTHER	<input type="text"/>	POOL (SIZE)	<input type="text"/>
OVERSIZED BATH/TUB (EX: JACUZZI, SOAKER)	<input type="text"/>	BIDET	<input type="text"/>					

PROPERTY OWNER SIGNATURE Karen A Francis DATE: 2-9-24

APPLICANT / CORPORATION OFFICER SIGNATURE Mik Grant DATE: 2-9-24

CORPORATION NAME: M.G. Construct

OFFICERS NAME & TITLE (print) MIK E GRANT

I, Karen A Francis Property Owner (print) 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.

SAME AS ABOVE
Property Owner or Agent with Power of Attorney (Signature)

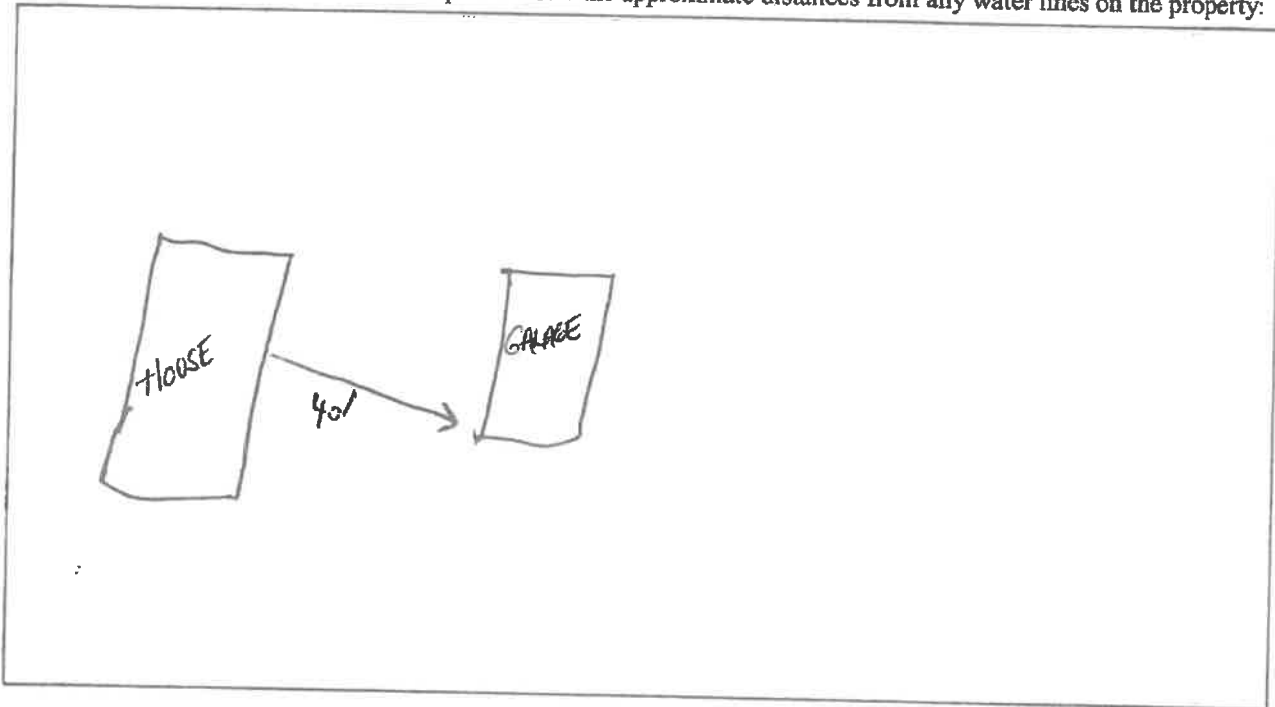
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House Service Connection Ties

Address: 21 Hayes Circle
 Map: 9 Lot: 98 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 _____

Board of Sewer Commissioners

REASON FOR DENIAL: _____

(CHAIRMAN)

[Signature] 2/13/24
 Sewer Superintendent Date

Amount Paid \$100.00 Cash/Check# 1046 Date 2-9-24 By S.G.