

**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: 1/15/24

APPLICANT / BUSINESS NAME TAMBO DEVELOPMENT, LLC
 SERVICE ADDRESS 32 LONDON LANE
 MAP 5 LOT 2 SEQ. 10 ZONING DISTRICT _____ IS LOT IN CURRENT USE? Y
 MAILING ADDRESS 380 LAFAYETTE ST SEABROOK STATE NH ZIP 03874
 PHONE 603-341-4975 CELL _____ EMAIL STEVE@TAMBOEXTERNAL.COM
 PROPERTY OWNER (IF DIFFERENT THAN ABOVE) _____ 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) 12K SF

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

12K SF COMMERCIAL HIGH BAY CONDOS - 6 UNITS
TO BE RENTED OUT TO BUSINESSSES

FIXTURE COUNT

BATHROOM	KITCHEN	LAUNDRY	Misc
SHOWER/TUB COMBO <input checked="" 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 [Signature] DATE: 1/15/24
 APPLICANT / CORPORATION OFFICER SIGNATURE [Signature] DATE: 1/15/24
 CORPORATION NAME: TAMBO DEVELOPMENT, LLC
 OFFICERS NAME & TITLE (print) STEPHEN HARVEY, M.M.

I, STEPHEN HARVEY 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.

[Signature]
 Property Owner or Agent with Power of Attorney (Signature)

AMOUNT PAID \$ 800.00 CASH / CHECK # 2071 DATE RECEIVED 1-23-24 BY S.G.

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House Service Connection Ties

Address: _____

Map: 5

Lot: 2

Seq: 10

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:

SEE ATTACHED PLAN SET FROM JONES BEACH

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

1/23/24
 Date

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