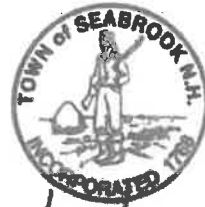


**TOWN OF SEABROOK  
SEWER DEPARTMENT &  
WASTEWATER TREATMENT FACILITY**  
PO BOX 456 • WRIGHT'S ISLAND • SEABROOK, NH 03874  
PHONE (603) 474-8012 • FAX (603) 474-8014



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 LAFFAYETTE ST CITY 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 BUSINESSES

**FIXTURE COUNT**

BATHROOM		KITCHEN		LAUNDRY		MISC			
SHOWER/TUB COMBO	<input checked="" type="checkbox"/>	SINKS	<input type="checkbox"/>	SINKS	<input type="checkbox"/>	WASHING MACHINE	<input type="checkbox"/>	HOSEBIBS	<input type="checkbox"/>
BATHTUB	<input type="checkbox"/>	TOILETS	<input type="checkbox"/>	DISHWASHER	<input type="checkbox"/>	SINKS	<input type="checkbox"/>	BAR SINKS	<input type="checkbox"/>
SHOWER	<input type="checkbox"/>	URINALS	<input type="checkbox"/>	OTHER	<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 [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 \$ 2000.00 CASH / CHECK # 2671 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)

Sewer Superintendent

1/23/24  
Date

AMOUNT PAID \_\_\_\_\_ CASH / CHECK # \_\_\_\_\_ DATE RECEIVED \_\_\_\_\_ BY \_\_\_\_\_