

**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: 1/29/24

APPLICANT / BUSINESS NAME CJM Builders Inc.
 SERVICE ADDRESS 544 Hudson street
 MAP 21 LOT 544 SEQ. 7 ZONING DISTRICT Beach res. IS LOT IN CURRENT USE? Y/N
 MAILING ADDRESS P.O. Box 545 CITY Wilmington STATE MA ZIP 01887
 PHONE 978-649-7300 CELL 508-402-8126 EMAIL Office.CJMbuilders@gmail.com
 PROPERTY OWNER (IF DIFFERENT THAN ABOVE) David McGuigan PHONE 978-618-4433

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) 1400

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

FIXTURE COUNT

BATHROOM		KITCHEN		LAUNDRY		Misc	
SHOWER/TUB COMBO	<input type="checkbox"/>	SINKS	<input type="checkbox"/>	WASHING MACHINE	<input type="checkbox"/>	HOSE/BIBS	<input type="checkbox"/>
BATHTUB	<input type="checkbox"/>	TOILETS	<input type="checkbox"/>	DISHWASHER	<input type="checkbox"/>	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"/>				

David w McGuigan

PROPERTY OWNER SIGNATURE _____ DATE: _____
 APPLICANT / CORPORATION OFFICER SIGNATURE Charles Muller DATE: 1/29/24
 CORPORATION NAME: CJM Builders Inc.
 OFFICERS NAME & TITLE (print) Charles Muller, Owner

I, David McGuigan 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.

David W McGuigan

Property Owner or Agent with Power of Attorney (Signature)

AMOUNT PAID \$100.00 CASH / CHECK # 4917 DATE RECEIVED 1-30-24 BY S.G.

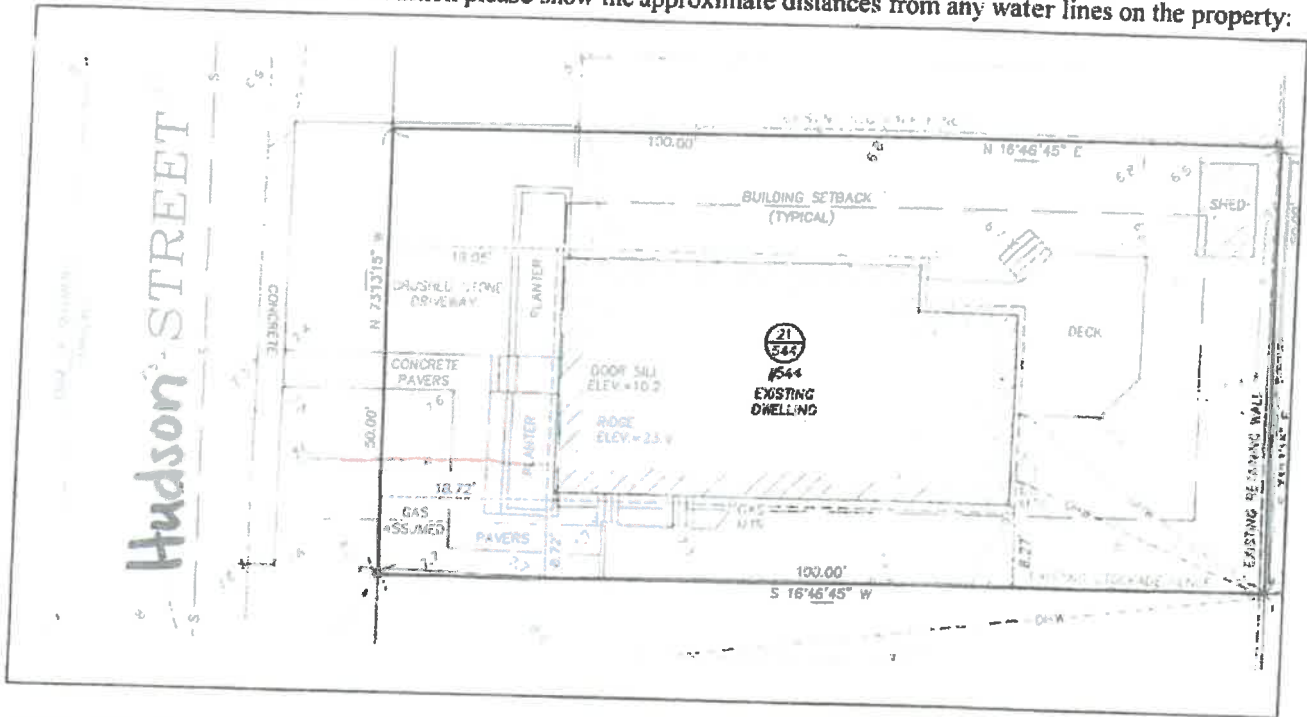
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House Service Connection Ties

Address: 544 Hudson Street
 Map: 21 Lot: 544 Seq: 1

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] 1/30/24
 Sewer Superintendent Date

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

Signature:  Eileen McGuigan (Jan 29, 2024 19:00 EST)

Email: emcguigan@verizon.net






Sewer Service Application

Final Audit Report

2024-01-30

Created:	2024-01-29
By:	Katie Vicari (office.cjmbuilders@gmail.com)
Status:	Signed
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"Sewer Service Application" History

-  Document created by Katie Vicari (office.cjmbuilders@gmail.com)
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