

**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: 2/7/24

APPLICANT / BUSINESS NAME North Coast Curb LLC

SERVICE ADDRESS 85 Ledge rd.

MAP 5 LOT 8 SEQ. 209 ZONING DISTRICT C IS LOT IN CURRENT USE? Y/N

MAILING ADDRESS 62 Folly Mill rd. CITY Salisbury STATE MA ZIP 01952

PHONE 978-375-3943 CELL \_\_\_\_\_ EMAIL ben@northcoastcurb.com

PROPERTY OWNER (IF DIFFERENT THAN ABOVE) \_\_\_\_\_ PHONE 978-375-3943

**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) 25,000

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

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**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 checked="" type="checkbox"/>	SINKS <input type="checkbox"/>	SINKS <input type="checkbox"/>	BAR SINKS <input type="checkbox"/>
SHOWER <input type="checkbox"/>	DISHWASHER <input type="checkbox"/>	OTHER <input type="checkbox"/>	POOL (SIZE) <input type="checkbox"/>
OVERSIZED BATHTUB (EX: JACUZZI, SOAKER) <input type="checkbox"/>	OTHER <input type="checkbox"/>		
	TOILETS <input type="checkbox"/>		
	URINALS <input type="checkbox"/>		
	BIDET <input type="checkbox"/>		

PROPERTY OWNER SIGNATURE Kern Fowler

DATE: 2/7/24

APPLICANT / CORPORATION OFFICER SIGNATURE \_\_\_\_\_

DATE: \_\_\_\_\_

CORPORATION NAME: \_\_\_\_\_

OFFICERS NAME & TITLE (print) \_\_\_\_\_

I, Kern Fowler 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.

Kern Fowler  
 Property Owner or Agent with Power of Attorney (Signature)

AMOUNT PAID 800.00 CASH / CHECK # 1103 DATE RECEIVED 2-7-24 BY S.6

**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: 85 LEDGE RD

Map: 5

Lot: 8

Seq: 709

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]*  
 Sewer Superintendent

2/13/2024  
 Date

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

