

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: 3/26/24

APPLICANT / BUSINESS NAME Tina Murphy
 SERVICE ADDRESS 54 Railroad Ave
 MAP 8 LOT 120 SEQ. 1 ZONING DISTRICT _____ IS LOT IN CURRENT USE? Y/N _____
 MAILING ADDRESS 54 Railroad Ave CITY Seabrook STATE NH ZIP 03874
 PHONE _____ CELL 603-501-9340 EMAIL TINAMURPHY323@gmail.com
 PROPERTY OWNER (IF DIFFERENT THAN ABOVE) Richard Irvin Tina Murphy PHONE 603 501 9340

TYPE OF CONSTRUCTION (CHECK ALL THAT APPLY):

NEW CONSTRUCTION RESIDENTIAL SINGLE-FAMILY _____ RESIDENTIAL MULTI-FAMILY **EXISTING CONDEX**
 CONDO _____ MOBILE/MANUFACTURED HOME _____ COMMERCIAL _____ INDUSTRIAL _____
 OTHER (PLEASE DESCRIBE): _____

BUILDING SIZE (IN SQUARE FEET) _____

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

REPLACING EXISTING CONDEX - DEMO BUT LEAVING KITCHEN + LIVING RM.

FIXTURE COUNT

| BATHROOM | | KITCHEN | | LAUNDRY | | Misc | | | |
|---|-------------------------------------|---------|--------------------------|------------|-------------------------------------|-----------------|--------------------------|-------------|--------------------------|
| SHOWER/TUB COMBO | <input checked="" type="checkbox"/> | SINKS | <input type="checkbox"/> | SINKS | <input checked="" type="checkbox"/> | WASHING MACHINE | <input type="checkbox"/> | HOSEBIBS | <input type="checkbox"/> |
| BATHTUB | <input checked="" type="checkbox"/> | TOILETS | <input type="checkbox"/> | DISHWASHER | <input checked="" type="checkbox"/> | SINKS | <input type="checkbox"/> | BAR SINKS | <input type="checkbox"/> |
| SHOWER | <input checked="" 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 Richard Irvin DATE: 3/26/24
 APPLICANT / CORPORATION OFFICER SIGNATURE _____ DATE: _____
 CORPORATION NAME: _____
 OFFICERS NAME & TITLE (print) _____

I, Richard Irvin 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.

Richard Irvin
 Property Owner or Agent with Power of Attorney (Signature)

AMOUNT PAID \$50.00 CASH / CHECK # CASH DATE RECEIVED 3-27-24 BY S.G.

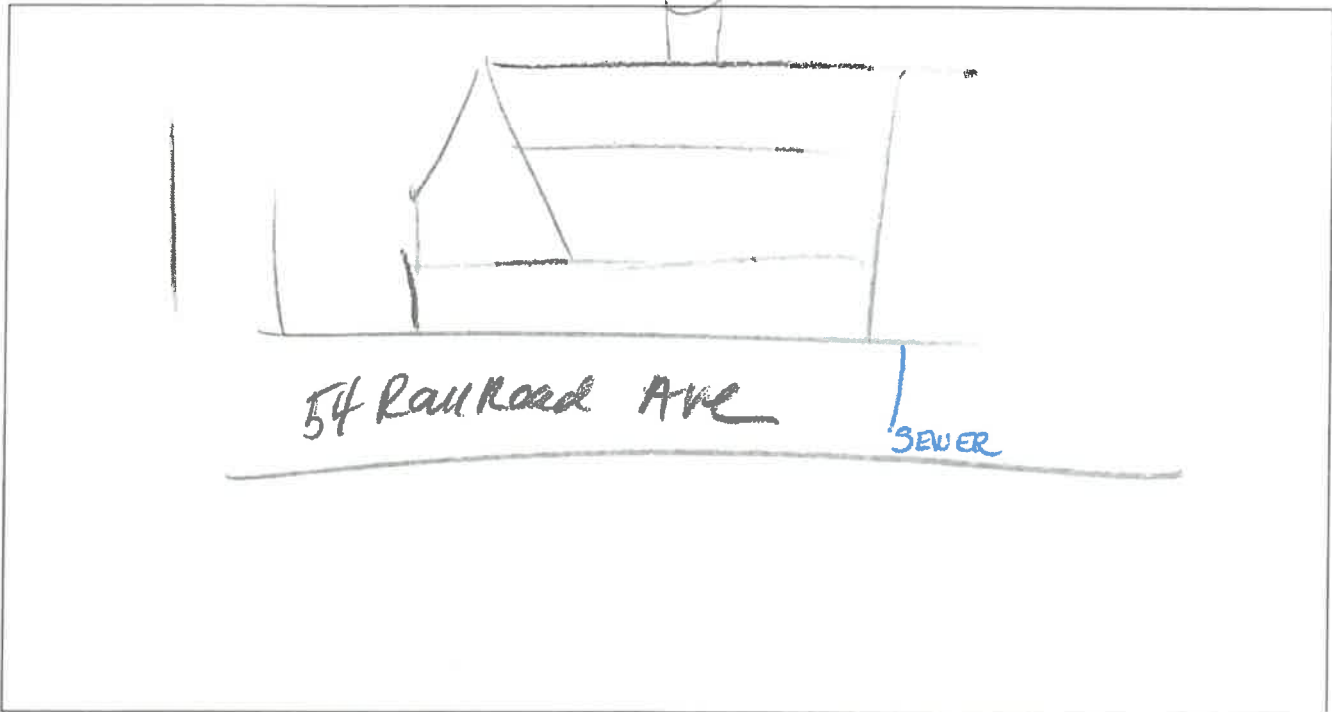
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House Service Connection Ties

Address: 54 Railroad Ave
 Map: 8 Lot: 120 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 _____

REASON FOR DENIAL: _____

[Signature] 5/27/24
 Sewer Superintendent Date

Board of Sewer Commissioners

 (CHAIRMAN)

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