

**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: 4/1/24

APPLICANT / BUSINESS NAME RICK FOYE
 SERVICE ADDRESS 8 WHITTIER DR
 MAP 8 LOT 38 SEQ. 8 ZONING DISTRICT _____ Is Lot in Current Use? Y
 MAILING ADDRESS P.O. BOX 1251 CITY HAMPTON STATE NH ZIP 03843
 PHONE _____ CELL 603-770-1009 EMAIL RICKF130@YAHOO.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): SINGLE FAMILY W/ADV APARTMENT

BUILDING SIZE (IN SQUARE FEET) ~~2660~~ 2660

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

REPLACING M/H

FIXTURE COUNT

BATHROOM		KITCHEN		LAUNDRY		Misc	
SHOWER/TUB COMBO	<input type="checkbox"/> 1	SINKS	<input type="checkbox"/> 2	SINKS	<input type="checkbox"/> 2	WASHING MACHINE	<input type="checkbox"/> 2
BATHTUB	<input checked="" type="checkbox"/> 0	TOILETS	<input type="checkbox"/> 2	DISHWASHER	<input checked="" type="checkbox"/> 0	SINKS	<input checked="" type="checkbox"/> 0
SHOWER	<input type="checkbox"/> 2	URINALS	<input type="checkbox"/> 0	OTHER	<input type="checkbox"/> 0	OTHER	<input type="checkbox"/> 0
OVERSIZED BATHTUB (EX: JACUZZI, SOAKER)	<input checked="" type="checkbox"/> 0	BIDET	<input type="checkbox"/> 0				

PROPERTY OWNER SIGNATURE Rick Foye DATE: 4/1/24
 APPLICANT / CORPORATION OFFICER SIGNATURE _____ DATE: _____
 CORPORATION NAME: _____
 OFFICERS NAME & TITLE (print) _____

I, RICK FOYE 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.

Rick Foye
 Property Owner or Agent with Power of Attorney (Signature)

AMOUNT PAID \$50.00 CASH / CHECK # 542 DATE RECEIVED 4-5-24 BY S.6

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House Service Connection Ties

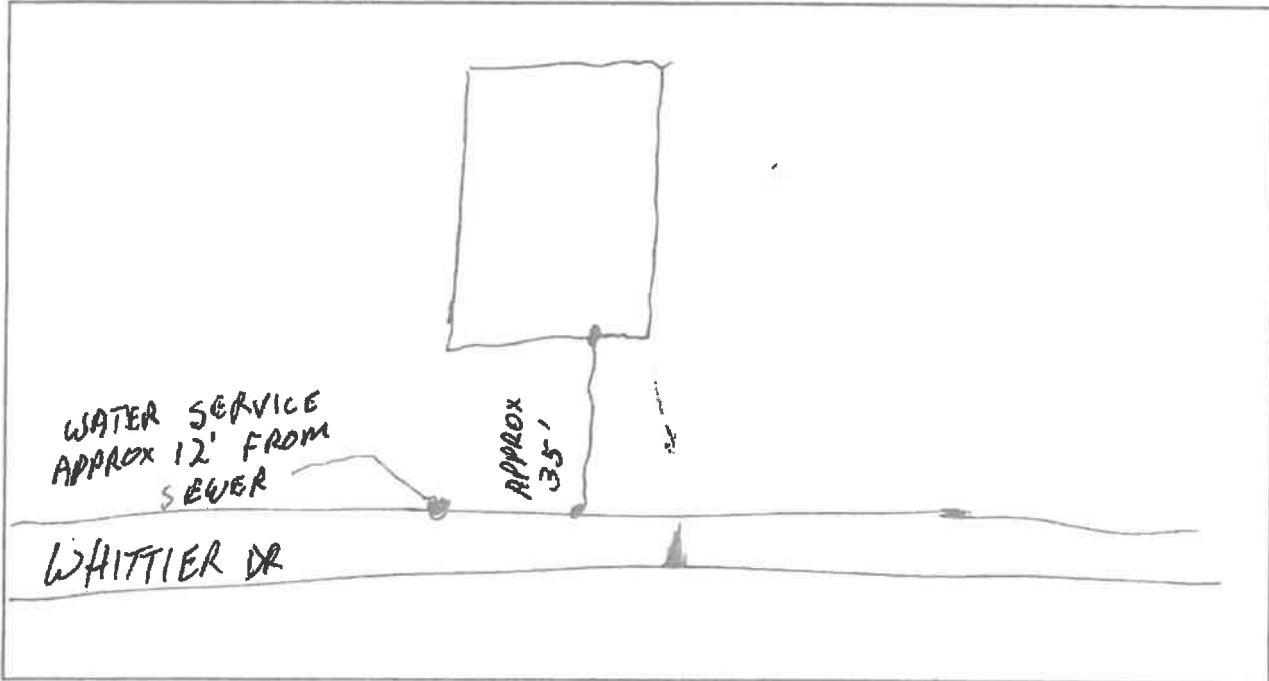
Address: 8 WHITTIER DR

Map: 8

Lot: 38

Seq: 8

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] _____ 4/9/27 _____
Sewer Superintendent Date

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