

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: 4-18-24

APPLICANT / BUSINESS NAME Matthew Eaton Builders LLC

SERVICE ADDRESS 141 South MAIN ST.

MAP 15 LOT 145 SEQ. 0 ZONING DISTRICT _____ IS LOT IN CURRENT USE? Y/N _____

MAILING ADDRESS 10 GAVE Rd CITY Brentwood STATE NH ZIP 03833

PHONE _____ CELL 603 770 5289 (EMAIL meb@comcast.net)

PROPERTY OWNER (IF DIFFERENT THAN ABOVE) Kim Carbone PHONE 603 770 7047

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) 1619 SQ FT

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

REPLICE EXISTING HOME

FIXTURE COUNT

BATHROOM	KITCHEN	LAUNDRY	MISC
SHOWER/TUB COMBO <input type="checkbox"/>	SINKS <input type="checkbox"/>	WASHING MACHINE <input type="checkbox"/>	HOSEBIBS <input type="checkbox"/>
BATHTUB <input type="checkbox"/>	SINKS <input type="checkbox"/>	DISHWASHER <input type="checkbox"/>	BAR SINKS <input type="checkbox"/>
SHOWER <input type="checkbox"/>	OTHER <input type="checkbox"/>	OTHER <input type="checkbox"/>	POOL (SIZE) <input type="checkbox"/>
OVERSIZED BATHTUB (EX: JACUZZI, SOAKER) <input type="checkbox"/>	TOILETS <input type="checkbox"/>		
	URINALS <input type="checkbox"/>		
	BIDET <input type="checkbox"/>		

PROPERTY OWNER SIGNATURE Kim Dow - Carbone DATE: 4-18-24

APPLICANT / CORPORATION OFFICER SIGNATURE Matthew Eaton DATE: 4-18-24

CORPORATION NAME: _____

OFFICERS NAME & TITLE (print) _____

I, Kim Dow - Carbone 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.

x Kim Dow - Carbone
 Property Owner or Agent with Power of Attorney (Signature)

AMOUNT PAID 100 CASH / CHECK # 1162 DATE RECEIVED 4-18-24 BY S.G.

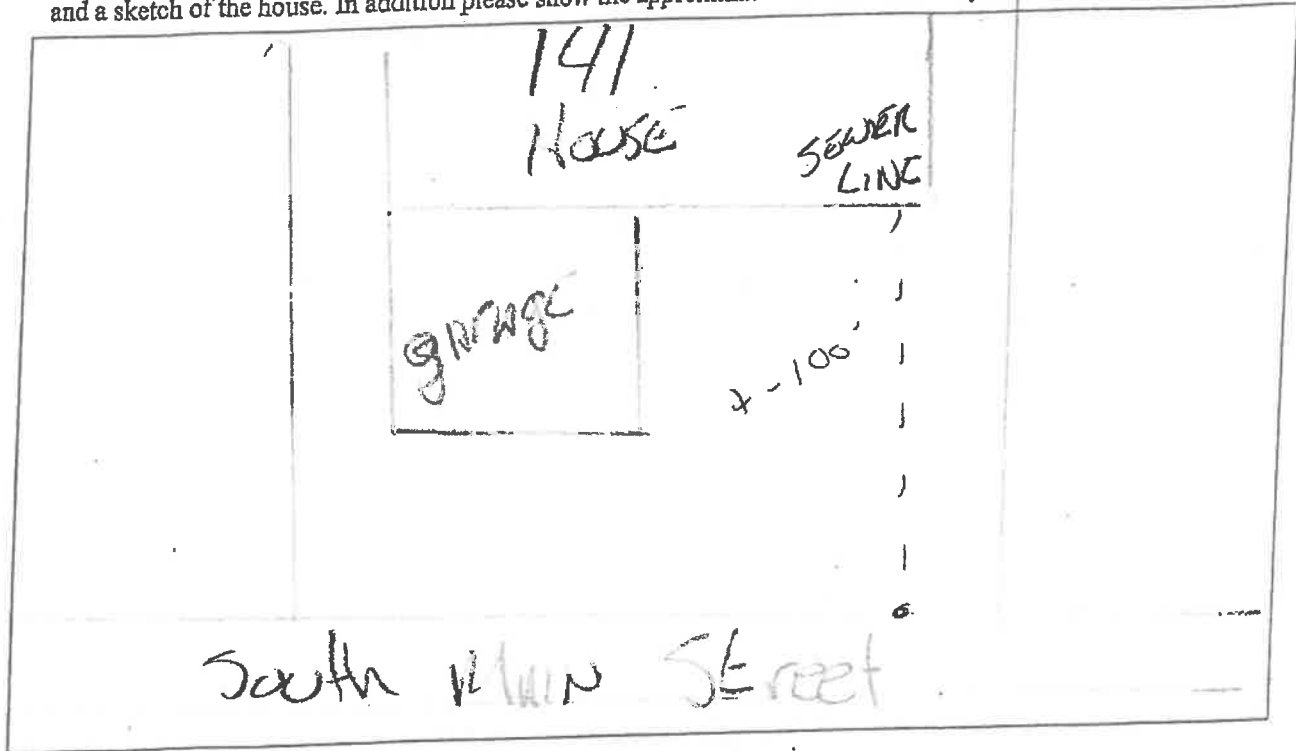
TOWN OF SEABROOK
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House Service Connection Ties

Address: 141 SOUTH MAIN ST
 Map: 15 Lot: 145 Seq: 0

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] 4/18/24
 Sewer Superintendent Date

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