

**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: 4/10/2024

APPLICANT / BUSINESS NAME Debra Tarshi

SERVICE ADDRESS 308 Portsmouth Ave Seabrook N.H

MAP 20 LOT 308 SEQ. 0 ZONING DISTRICT B1 IS LOT IN CURRENT USE?  Y  N

MAILING ADDRESS 308 Portsmouth Ave CITY Seabrook STATE NH ZIP 03874

PHONE 978-771-8079 CELL 978-771-8079 EMAIL debra-tarshi@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): Re model, Add on

BUILDING SIZE (IN SQUARE FEET) 3300

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

1 (REPLACE SWR LINE)

**FIXTURE COUNT**

BATHROOM		KITCHEN		LAUNDRY		MISC	
SHOWER/TUB COMBO	<u>1</u>	SINKS	<u>3</u>	SINKS	<u>1</u>	HOSEBIBS	<input type="checkbox"/>
<del>BATHTUB</del>	<del>1</del>	TOILETS	<u>3</u>	DISHWASHER	<input type="checkbox"/>	BAR SINKS	<input type="checkbox"/>
SHOWER	<u>2</u>	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"/>				

PROPERTY OWNER SIGNATURE Debra Tarshi DATE: 4/10/2024

APPLICANT / CORPORATION OFFICER SIGNATURE Debra Tarshi DATE: 4/10/2024

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

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

I, Debra Tarshi 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.

Debra Tarshi  
Property Owner or Agent with Power of Attorney (Signature)

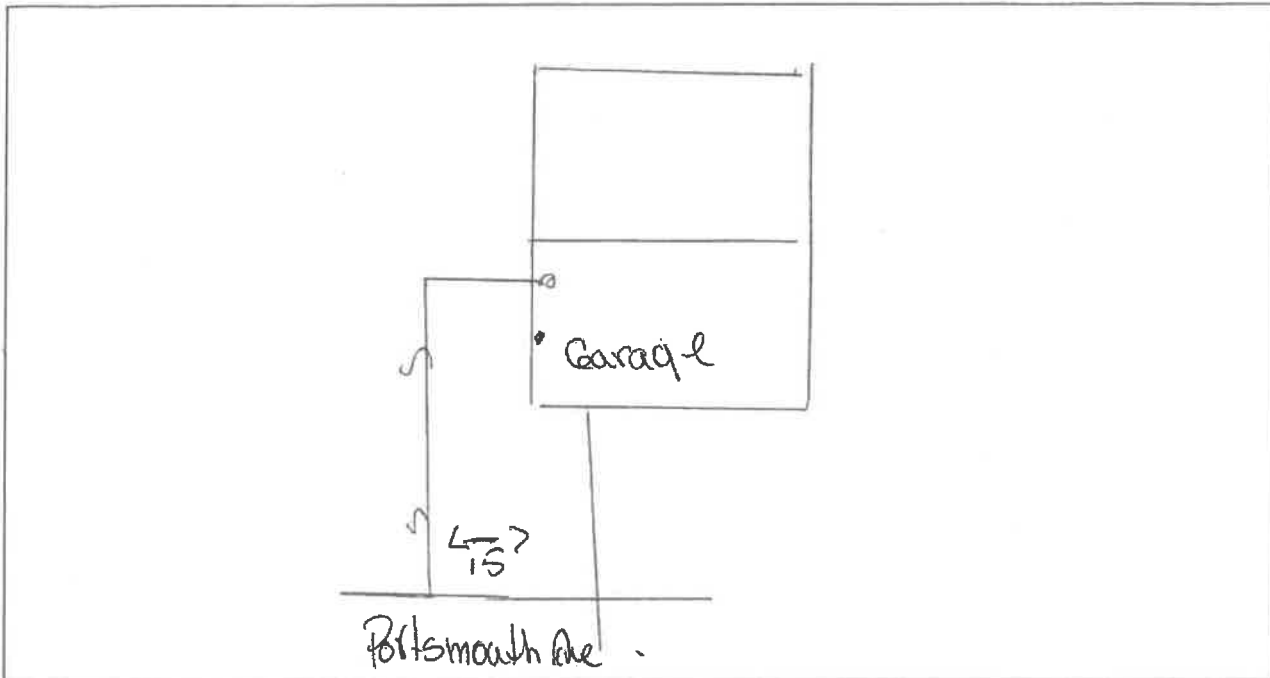
AMOUNT PAID 100.10 CASH / CHECK # 112 DATE RECEIVED 4-12-24 BY S.G

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Address: 308 Portsmouth Ave Seabrook N.H. House Service Connection Ties  
 Map: 26 Lot: 308 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]* 4/15/24  
 Sewer Superintendent Date

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