

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: 6/4/2024

APPLICANT / BUSINESS NAME Melissa S. Silvestri

SERVICE ADDRESS 1167 Folly Mill Rd. Seabrook, NH 03874

MAP 6 Lot 29 SHO. 0 ZONING DISTRICT _____ IS LOT IN CURRENT USE? Y

MAILING ADDRESS 1167 Folly Mill Rd. city Seabrook STATE NH ZIP 03874

PHONE _____ CELL 603-294-8311 EMAIL msilvestri134@gmail.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): _____

BUILDING SIZE (IN SQUARE FEET) 2026

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

REPAIRING HOME

FIXTURE COUNT

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

PROPERTY OWNER SIGNATURE Melissa S. Silvestri DATE: 6/4/2024

APPLICANT / CORPORATION OFFICER SIGNATURE _____ DATE: _____

CORPORATION NAME: _____

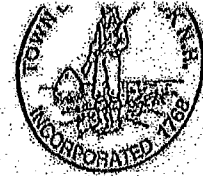
OFFICER'S NAME & TITLE (if any): _____

I, Melissa S. Silvestri 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.

Melissa S. Silvestri
 Property Owner or Agent with Power of Attorney (Signature)

AMOUNT PAID 50.00 (CASH / CHECK # 221) DATE RECEIVED 6/6/24 BY SG

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House Service Connection Ties

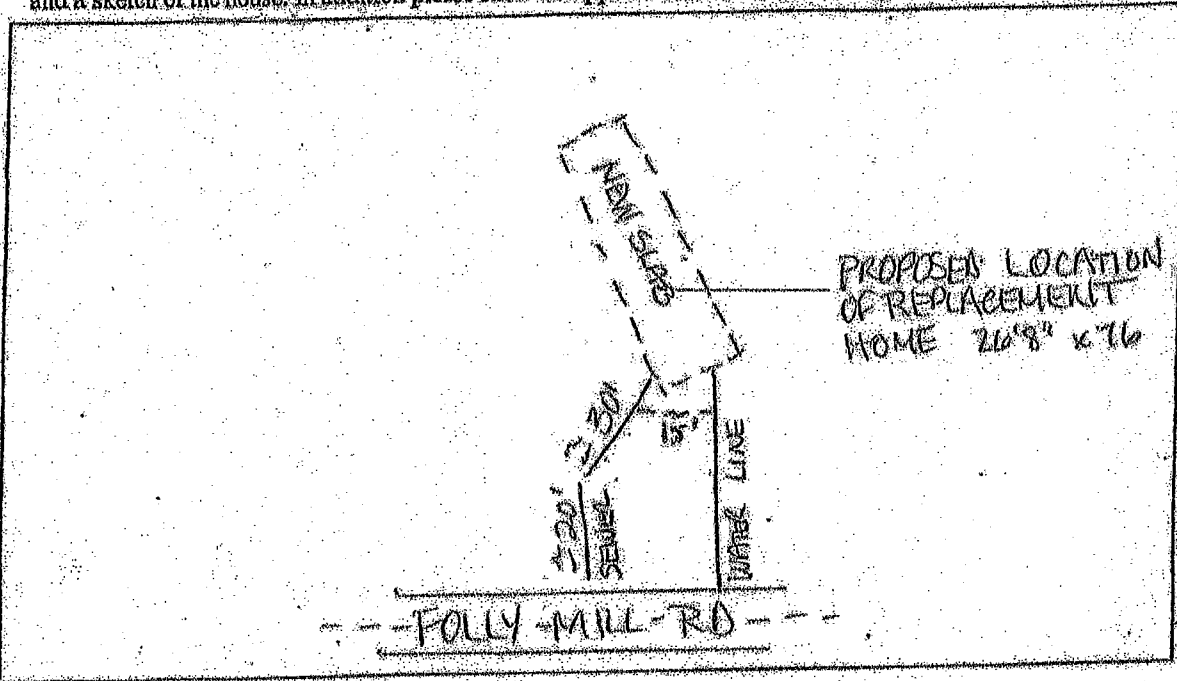
Address: 167 Folly Mill Rd. Seabrook, NH 03874

Map: 6

Lot: 89

Seg: 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)

_____ (Sewer Superintendent) 6/7/24 Date

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