

**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: 3-15-24 6-12-24

APPLICANT / BUSINESS NAME Salem Manufactured Homes LLC
 SERVICE ADDRESS 223 Rte 107 Lot #13 Zealand NH
 MAP 5 LOT 5 SEQ. 13 ZONING DISTRICT C1 IS LOT IN CURRENT USE? Y/N
 MAILING ADDRESS PO Box 54 CITY Salem STATE NH ZIP 03079
 PHONE 603 898 2144 CELL 603 2845765 EMAIL adam@salemnh.com
 PROPERTY OWNER (IF DIFFERENT THAN ABOVE) Stephen Baker PHONE 978-688-8886

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) 924

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

New replacement manufactured home 2 bed 2 bath

FIXTURE COUNT

BATHROOM	KITCHEN	LAUNDRY	MISC
SHOWER/TUB COMBO <input type="checkbox"/>	SINKS <input type="checkbox"/>	WASHING MACHINE <input type="checkbox"/>	HOSE BIBS <input type="checkbox"/>
BATHTUB <input checked="" type="checkbox"/>	SINKS <input checked="" type="checkbox"/>	SINKS <input type="checkbox"/>	BAR SINKS <input checked="" type="checkbox"/>
SHOWER <input type="checkbox"/>	DISHWASHER <input type="checkbox"/>	OTHER <input type="checkbox"/>	POOL (SIZE) <input type="checkbox"/>
OVERSIZED BATHTUB (HX: JACUZZI, SOAKER) <input checked="" type="checkbox"/>	OTHER <input checked="" type="checkbox"/>		

PROPERTY OWNER SIGNATURE: [Signature] DATE: 3/15/24
 APPLICANT / CORPORATION OFFICER SIGNATURE: [Signature] DATE: 3-15-24
 CORPORATION NAME: Salem Manufactured Homes LLC
 OFFICERS NAME & TITLE (print): Adam Gidley - Asst. Manager

I, Stephen Baker agree that I will not hold the Seabrook Sewer Department
 Property Owner (print) responsible for any damages to my property, which may be incurred during, or as a result of the sewer service
 installation.
[Signature]
 Property Owner or Agent with Power of Attorney (Signature)

AMOUNT PAID \$50 CASH / CHECK # 44044 DATE RECEIVED 6-12-24 BY MS

acct # 200053

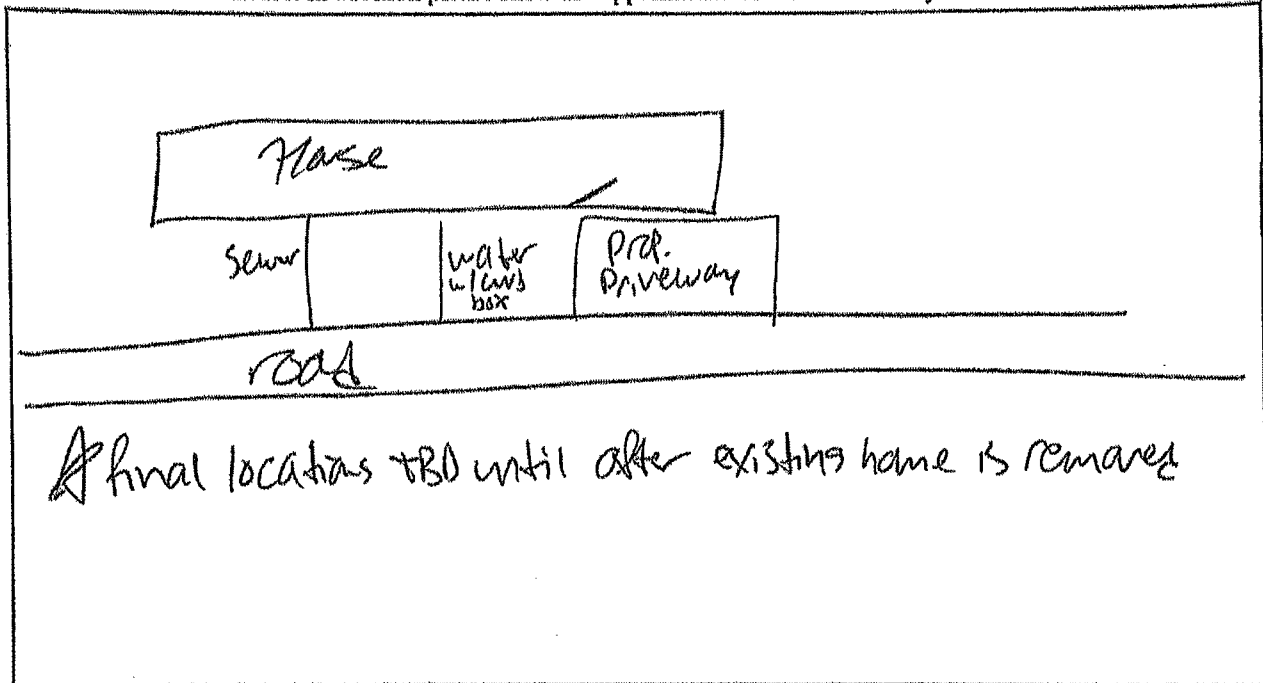
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House Service Connection Ties

Address: 223 Rte 107 #13
 Map: 5 Lot: 5 Seq: 5

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] 11/12/24 _____
 Sewer Superintendent Date

AMOUNT PAID 850 CASH / CHECK # 11644 DATE RECEIVED 10-12-24 BY MS