

**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: 6/11/24

APPLICANT / BUSINESS NAME Cote & Foster Cont.

SERVICE ADDRESS 524 Manchester St.

MAP 21 LOT 524 SEQ. _____ ZONING DISTRICT _____ IS LOT IN CURRENT USE? Y N

MAILING ADDRESS 20 Aegan drive Meth City Methuen STATE Ma ZIP 01844

PHONE 978-423-6429 CELL 978-682-6518 EMAIL Steve@coteandfoster.com

PROPERTY OWNER (IF DIFFERENT THAN ABOVE) Kern Kelly PHONE 617-710-0899

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) 2000

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

Singal Building, Singal Dwelling unit

FIXTURE COUNT

BATHROOM		KITCHEN		LAUNDRY		MISC			
SHOWER/TUB COMBO	<input type="text" value="1"/>	SINKS	<input type="text" value="3"/>	SINKS	<input type="text" value="1"/>	WASHING MACHINE	<input type="text" value="1"/>	HOSEBIBS	<input type="text" value="2"/>
BATHTUB	<input type="text" value="0"/>	TOILETS	<input type="text" value="3"/>	DISHWASHER	<input type="text" value="1"/>	SINKS	<input type="text"/>	BAR SINKS	<input type="text"/>
SHOWER	<input type="text" value="1"/>	URINALS	<input type="text" value="0"/>	OTHER	<input type="text"/>	OTHER	<input type="text"/>	POOL (SIZE)	<input type="text"/>
OVERSIZED BATHTUB (EX: JACUZZI, SOAKER)	<input type="text" value="0"/>	BIDET	<input type="text" value="0"/>						

PROPERTY OWNER SIGNATURE [Signature] DATE: 6/11/24

APPLICANT / CORPORATION OFFICER SIGNATURE [Signature] DATE: 6/11/24

CORPORATION NAME: Cote & Foster Cont.

OFFICERS NAME & TITLE (print) Steven M. Cote V President

I, Kern Kelly Property Owner (print) 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.

[Signature]
Property Owner or Agent with Power of Attorney (Signature)

AMOUNT PAID \$5000 CASH / CHECK # 1576 DATE RECEIVED 6-17-24 BY S.G.

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House Service Connection Ties

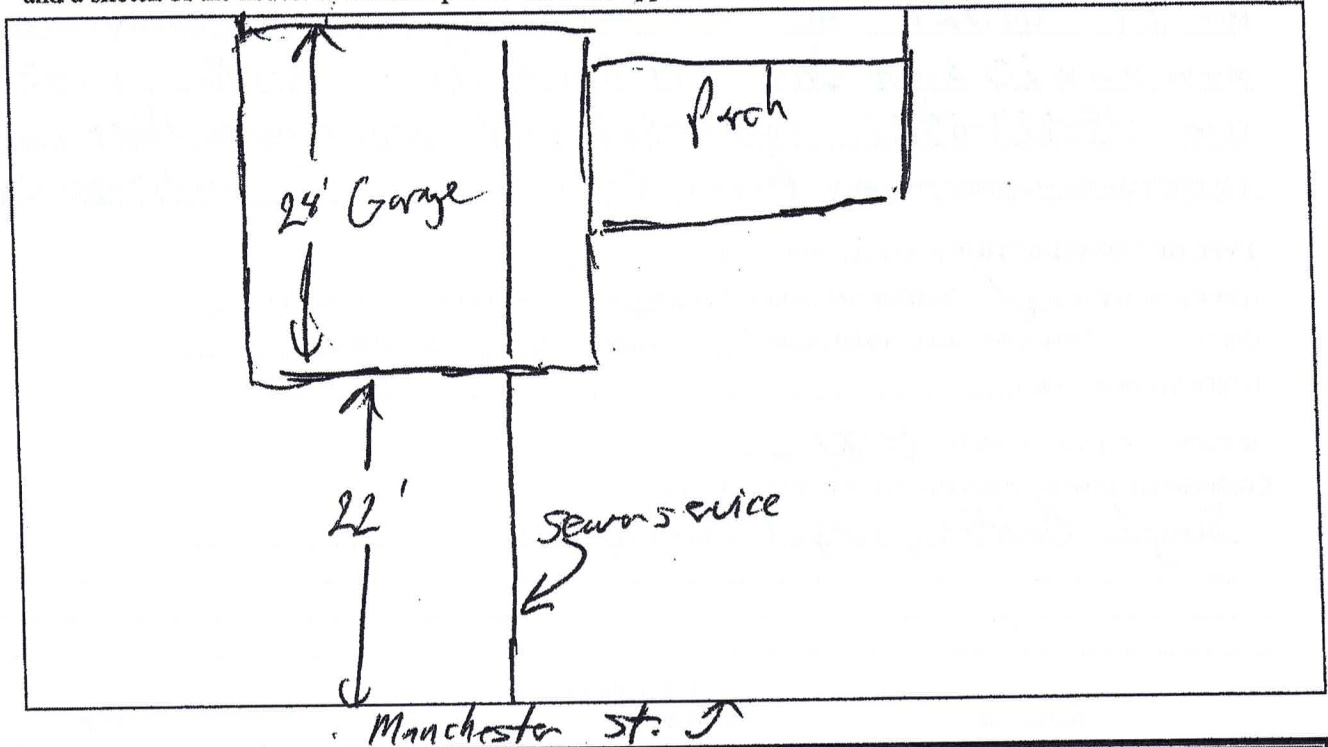
Address: 524 Manchester St.

Map: 21

Lot: 324

Seq: _____

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] _____
Sewer Superintendent Date _____

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