

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: 7/22/24

APPLICANT / BUSINESS NAME Dwight Souther sr.

SERVICE ADDRESS 41 Walton Rd

MAP 10 LOT 33 SEQ. _____ ZONING DISTRICT _____ IS LOT IN CURRENT USE? Y / N

MAILING ADDRESS 41 Walton rd CITY Seabrook STATE NH ZIP 03874

PHONE 603944-0424 CELL _____ EMAIL Msouther@seabrooknh.org

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): Change to existing

BUILDING SIZE (IN SQUARE FEET) 1904

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

NEW HOME - REPLACING OLD 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"/>	TOILETS	<input type="checkbox"/>	DISHWASHER	<input type="checkbox"/>	BAR SINKS	<input type="checkbox"/>
SHOWER	<input type="checkbox"/>	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 Dwight Souther sr. DATE: 7/22/24

APPLICANT / CORPORATION OFFICER SIGNATURE _____ DATE: _____

CORPORATION NAME: _____

OFFICERS NAME & TITLE (print) _____

I, Dwight Souther 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.

 Property Owner or Agent with Power of Attorney (Signature)

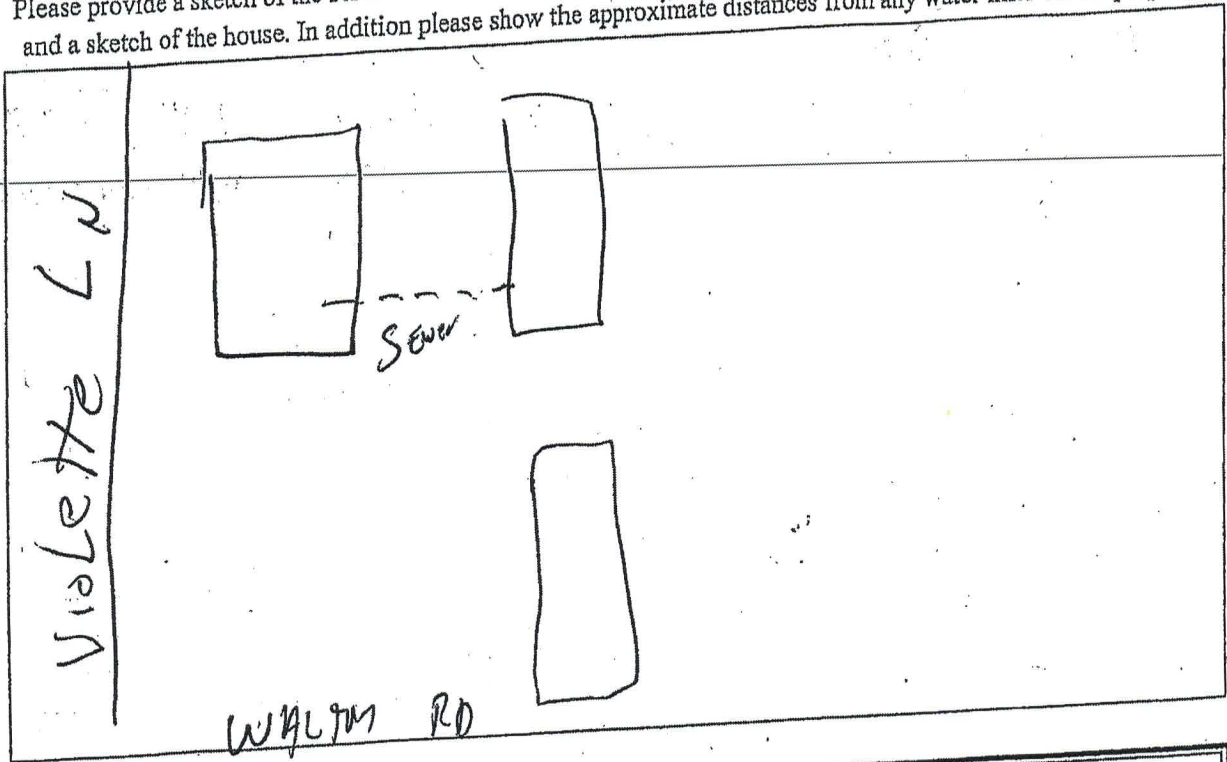
AMOUNT PAID 50.00 CASH / CHECK # 5300016 DATE RECEIVED 7-25-24 BY J.G.

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Address: 41 Walton Rd Seabrook NH 03874
 Map: 10 Lot: 33 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 _____

REASON FOR DENIAL: _____

[Signature]
 Sewer Superintendent

7/29/24
 Date

Board of Sewer Commissioners

 (CHAIRMAN)

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