

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



DATE: 7/16/24

APPLICATION FOR SEWER SERVICE

APPLICANT/BUSINESS NAME Sweet management Inc  
 SERVICE ADDRESS 72-NEW Zealand Rd.  
 MAP 7 LOT 55 SEQ. 0 ZONING DISTRICT 6-M IS LOT IN CURRENT USE?  (IN)  
 MAILING ADDRESS P.O Box 999 CITY Danville STATE NH ZIP 03819  
 PHONE 978-815-1853 CELL 978-994-2839 EMAIL Curt@youstor.com  
 PROPERTY OWNER (IF DIFFERENT THAN ABOVE) 72-NEW Zealand Rd Seabrook NH 03819 PHONE Same as above  
LLC

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) 48,000

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

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 checked="" 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 Kenneth C. Sweet, Member DATE: 7/16/24  
 APPLICANT / CORPORATION OFFICER SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_  
 CORPORATION NAME: \_\_\_\_\_  
 OFFICERS NAME & TITLE (print) \_\_\_\_\_

I, Kenneth C. Sweet 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.

Kenneth C. Sweet, Member  
 Property Owner or Agent with Power of Attorney (Signature)

AMOUNT PAID 800.00 CASH / CHECK # 13031 DATE RECEIVED 7-17-24 BY S.G.

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House Service Connection Ties

Address: 72 NEW Zealand Rd Lot: 55 Seq: \_\_\_\_\_  
Map: 7

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:

~~See~~ Please see attached copy of plan

**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 Date 7/17/24

Board of Sewer Commissioners  
\_\_\_\_\_  
(CHAIRMAN)  
\_\_\_\_\_  
\_\_\_\_\_

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

