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 SGI Group SERVICE ADDRESS 97 Railroad Ave Seabrock NH MAP 8 LOT 05 SEQ. ZONING DISTRICT RES IS LOT IN CURRENT USE? Y/N MAILING ADDRESS 10 Frost Rd CITY Darry STATE NH ZIP 03038 PHONE WAS CELL 603-571-2277 RMAILJONNIE @ SGI GROUP NH, PROPERTY OWNER (IF DIFFERENT THAN ABOVE) RAIlroad Properties LLC PHONE 978-758. TYPE OF CONSTRUCTION (CHECK ALL THAT APPLY): NEW CONSTRUCTION X RESIDENTIAL SINGLE-FAMILY X RESIDENTIAL MULTI-FAMILY CONDO MOBILE/MANUFACTURED HOME COMMERCIAL INDUSTRIAL OTHER (PLEASE DESCRIBE): BUILDING SIZE (IN SQUARE FEET) 1360 COMMENTS (IF APPLICABLE PLEASE LIST NO. OF BUILDINGS AND NO. OF UNITS): (1) BUILDING SIZE (IN SQUARE FEET) 1360 FIXTURE COUNT KITCHEN LAUNDRY MISC
MAP 8 LOT 65 SEQ. ZONING DISTRICT RES IS LOT IN CURRENT USE? Y/N MAILING ADDRESS 10 Frost Rd CITY DOTTY STATE NH ZIP 03038 PHONE N/A CELL 603-571-2277EMAIL JONING @ SGT GROUP NH. PROPERTY OWNER (IF DIFFERENT THAN ABOVE) RONTO COLD PROPERTY S LLC PHONE 978-758. TYPE OF CONSTRUCTION (CHECK ALL THAT APPLY): NEW CONSTRUCTION X RESIDENTIAL SINGLE-FAMILY X RESIDENTIAL MULTI-FAMILY CONDO MOBILE/MANUFACTURED HOME COMMERCIAL INDUSTRIAL DITHER (PLEASE DESCRIBE): BUILDING SIZE (IN SQUARE FEET) 1360 GMIMENTS (IF APPLICABLE PLEASE LIST NO. OF BUILDINGS AND NO. OF UNITS): 1) BUILDING SIZE (IN SQUARE FEET) 1360 GMIMENTS (IF APPLICABLE PLEASE LIST NO. OF BUILDINGS AND NO. OF UNITS): 1) BUILDING SIZE (IN SQUARE FEET) 1360 GMIMENTS (IF APPLICABLE PLEASE LIST NO. OF BUILDINGS AND NO. OF UNITS): 1) BUILDING SIZE (IN SQUARE FEET) 1360 GMIMENTS (IF APPLICABLE PLEASE LIST NO. OF BUILDINGS AND NO. OF UNITS): 1) BUILDING SIZE (IN SQUARE FEET) 1360 GMIMENTS (IF APPLICABLE PLEASE LIST NO. OF BUILDINGS AND NO. OF UNITS): 1) BUILDING SIZE (IN SQUARE FEET) 1360 GMIMENTS (IF APPLICABLE PLEASE LIST NO. OF BUILDINGS AND NO. OF UNITS): 1) BUILDING SIZE (IN SQUARE FEET) 1360 GMIMENTS (IF APPLICABLE PLEASE LIST NO. OF BUILDINGS AND NO. OF UNITS): 1) BUILDING SIZE (IN SQUARE FEET) 1360 MISC
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Devilding SFD W/ ADU IN basement. FIXTURE COUNT MISC
FIXTURE COUNT LAUNDRY MISC
Manager Mac Misc
SHOWER/TUB COMBO BATHTUB SHOWER OVERSIZED BATHTUB (EX: JACUZZI, SOAKER) SINKS SINKS SINKS DISHWASHER OTHER OTHER WASHING MACHINE SINKS DISHWASHER OTHER OTHER OTHER WASHING MACHINE J HOSEBIBS BAR SINKS POOL (SIZE)
PROPERTY OWNER SIGNATURE DATE: 7-2.2-
APPLICANT / CORPORATION OFFICER SIGNATURE DATE: 7 23 24
CORPORATION NAME: SGI GOODS
OFFICERS NAME & TITLE (print) (FAMES SACCO)
I. Railroad Properties LLC 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
1
installation. Property Owner or Agent with Power of Attorney (Signature)
Property Owner of Agent with Ford of America
AMOUNT PAID (500) CASH / CHECK # 287 DATE RECEIVED 7-29-24 BY 9.6.

TOWN OF SEABROOK SEWER DEPARTMENT &

WASTEWATER TREATMENT FACILITY

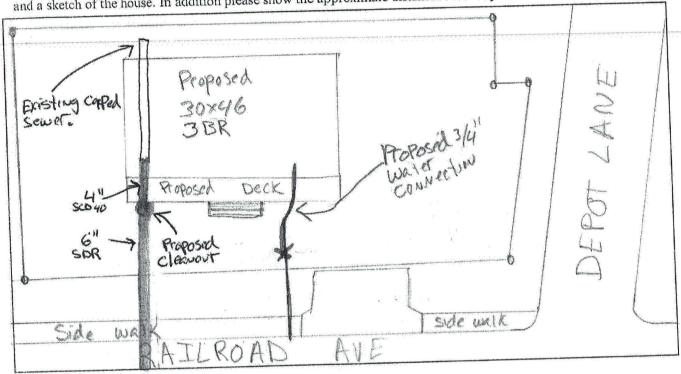
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House Service Connection Ties

A Adrese	9-	Railroad Ave		VICE		
Map:	3	Lot	- /	5	 Seq:	<u></u>
wiap.	9		5.5	20	 Places indicate the name of the	he stree

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.

GRANTEDDENIED	OFFICE USE ONLY DATE	Board of Sewer Commissioners
REASON FOR DENIAL:		(CHAIRMAN)
Me .	1/29/24	
wer Superintendent	Date	

AMOUNT PAID	CASH / CHECK #	DATE RECEIVED	BY