

**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 Seabrook NH
 MAP 8 LOT 65 SEQ. _____ ZONING DISTRICT RES IS LOT IN CURRENT USE? Y/N _____
 MAILING ADDRESS 10 Frost Rd CITY Derry STATE NH ZIP 03038
 PHONE N/A CELL 603-571-2277 EMAIL Jamie@SGIGROUPNH.COM
 PROPERTY OWNER (IF DIFFERENT THAN ABOVE) Railroad Properties LLC PHONE 978-758-0399

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) 1360

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

(1) Building SFD w/ ADU in basement.

FIXTURE COUNT

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

PROPERTY OWNER SIGNATURE _____ DATE: 7-22-24
 APPLICANT / CORPORATION OFFICER SIGNATURE _____ DATE: 7/23/24
 CORPORATION NAME: SGI Group
 OFFICERS NAME & TITLE (print) JAMES SACCO

I, Railroad Properties LLC 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 # 287 DATE RECEIVED 7-29-24 BY S.C.

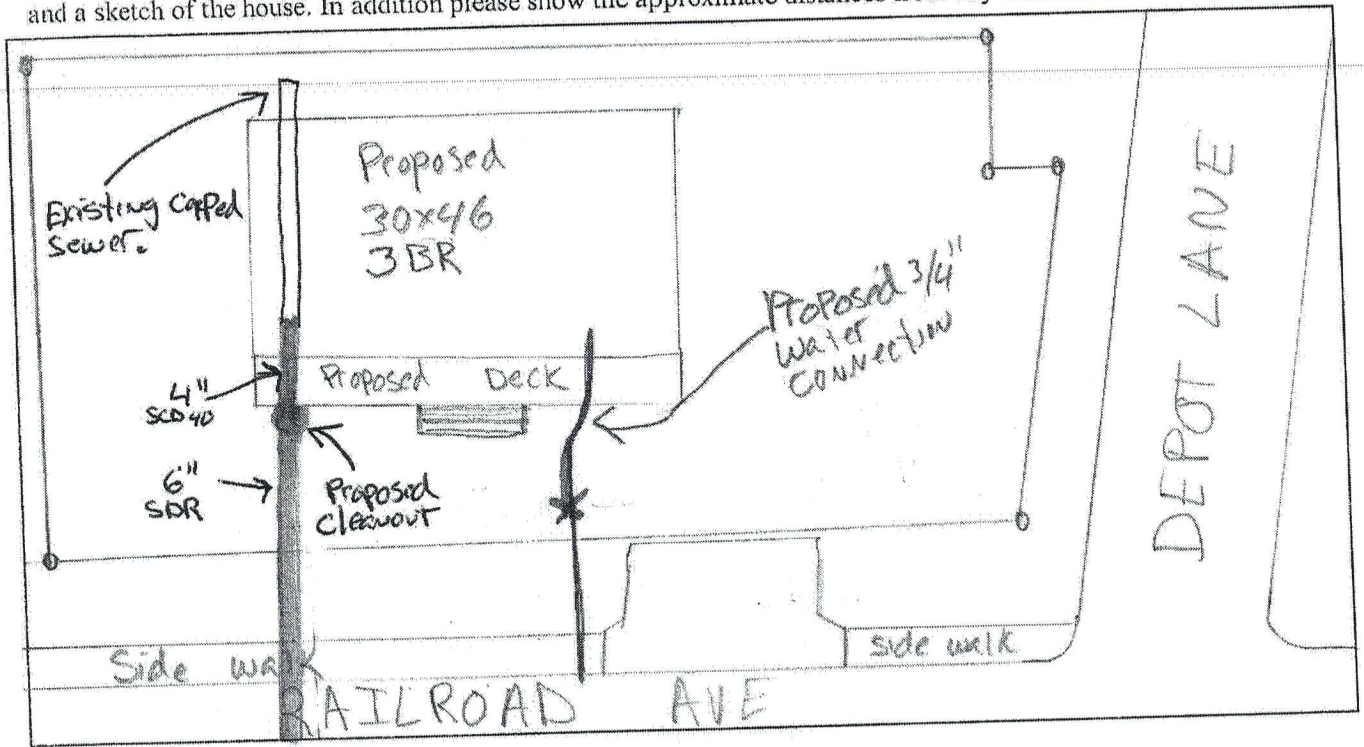
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House Service Connection Ties

Address: 97 Railroad Ave
 Map: 8 Lot: 65 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 _____