

**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: 8/5/24

APPLICANT / BUSINESS NAME Birch Real Estate

SERVICE ADDRESS 172 Tilton St

MAP 20 LOT 172 SEQ. \_\_\_\_\_ ZONING DISTRICT Single Family Beach IS LOT IN CURRENT USE? Y/N

MAILING ADDRESS P O BOX 1297 CITY N. Hampton STATE NH ZIP 03862

PHONE 603-964-7572 CELL 603-765-6513 EMAIL luanne@greenandcompany.com

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): \_\_\_\_\_

BUILDING SIZE (IN SQUARE FEET) 31x50(1,550) = Living space is 4,077 sq ft.

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

**FIXTURE COUNT**

BATHROOM		KITCHEN		LAUNDRY		MISC	
SHOWER/TUB COMBO	<u>1</u>	SINKS	<u>6</u>	WASHING MACHINE	<u>1</u>	HOSEBIBS	<u>0</u>
BATHTUB	<u>0</u>	TOILETS	<u>4</u>	SINKS	<u>1</u>	BAR SINKS	<u>0</u>
SHOWER	<u>2</u>	URINALS	<u>0</u>	OTHER	<u>0</u>	POOL (SIZE)	
OVERSIZED BATHTUB (EX: JACUZZI, SOAKER)	<u>1</u>	BIDET	<u>0</u>				

PROPERTY OWNER SIGNATURE [Signature] DATE: 8/5/24

APPLICANT / CORPORATION OFFICER SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_

CORPORATION NAME: Birch Real Estate

OFFICERS NAME & TITLE (print) Jennifer Green, owner

I, Jennifer Green 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)

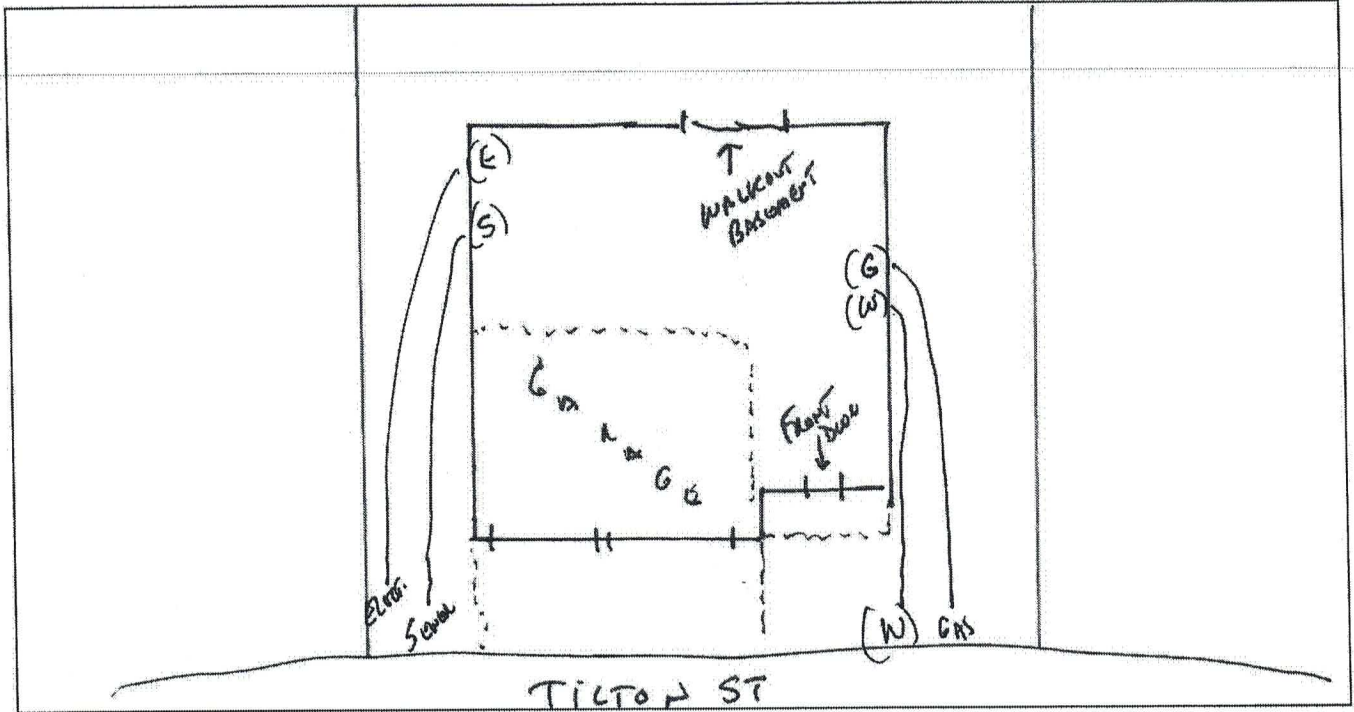
AMOUNT PAID 50.00 CASH / CHECK # 1166 DATE RECEIVED 8-9-24 BY SG



**House Service Connection Ties**

Address: 172 Tilton St  
 Map: 20 Lot: 172 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) \_\_\_\_\_

  
 Sewer Superintendent

8/2/24  
 Date

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