

**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: 9-3-24

APPLICANT / BUSINESS NAME Stephen C Galinsky

SERVICE ADDRESS 5 MASHUA STREET

MAP 21 LOT 5 SEQ. 4 ZONING DISTRICT \_\_\_\_\_ IS LOT IN CURRENT USE? Y/N \_\_\_\_\_

MAILING ADDRESS 960 MONTH BLVD CITY WARREN STATE MA ZIP 01832

PHONE 508-509-5904 CELL SOME EMAIL MrPlumber@aol.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) 1,170

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

(REPLACE 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"/>	SINKS <input type="checkbox"/>	SINKS <input type="checkbox"/>	BAR SINKS <input type="checkbox"/>
SHOWER	<input type="checkbox"/>	DISHWASHER <input type="checkbox"/>	OTHER <input type="checkbox"/>	POOL (SIZE) <input type="checkbox"/>
OVERSIZED BATHTUB (EX: JACUZZI, SOAKER)	<input type="checkbox"/>	OTHER <input type="checkbox"/>		
	TOILETS <input type="checkbox"/>			
	URINALS <input type="checkbox"/>			
	BIDET <input type="checkbox"/>			

PROPERTY OWNER SIGNATURE Stephen C Galinsky DATE: 9-3-24

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

CORPORATION NAME: \_\_\_\_\_

OFFICERS NAME & TITLE (print) Stephen C Galinsky

I, Stephen C Galinsky 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.

Stephen C Galinsky  
Property Owner or Agent with Power of Attorney (Signature)

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**House Service Connection Ties**

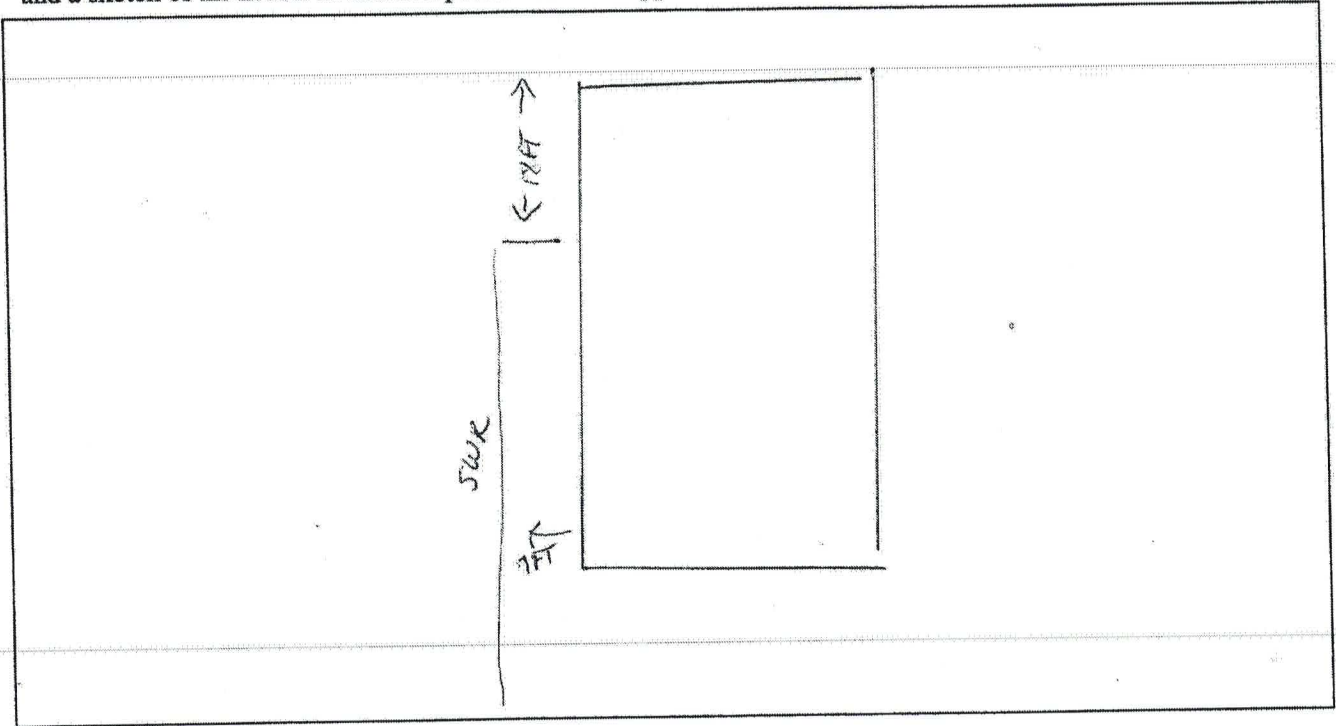
Address: 5 NASHUA ST

Map: 21

Lot: 5

Seq: 4

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)

*[Signature]*  
 Sewer Superintendent

9/4/24  
 Date

AMOUNT PAID 50.00 CASH / CHECK # 352 DATE RECEIVED 9-3-24 BY S.C.