

**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: 8-8-2024

APPLICANT / BUSINESS NAME BARBARA SMITH
 SERVICE ADDRESS 56 ROCKS RD SEABROOK, NH. 03874
 MAP 7 LOT 113 SEQ. 0 ZONING DISTRICT _____ IS LOT IN CURRENT USE? Y N
 MAILING ADDRESS 56 ROCKS RD CITY SEABROOK STATE NH ZIP 03874
 PHONE 603-770-4321 CELL 603-770-4321 EMAIL KADEEKIE@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) 784 SF

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

REPLACING OLD MOBILE HOME WITH NEW MOBILE HOME.
REQUEST IS TO CUT AND CAP, THEN RECONNECT WHEN
NEW HOME IS INSTALLED ESTIMATED DELIVERY OCT/NOV 2024

FIXTURE COUNT

BATHROOM	KITCHEN	LAUNDRY	MISC
<input checked="" type="checkbox"/> SHOWER/TUB COMBO <u>1</u>	<input type="checkbox"/> SINKS <u>1</u>	<input type="checkbox"/> WASHING MACHINE <u>1</u>	<input type="checkbox"/> HOSEBIBS <u>1</u>
<input type="checkbox"/> BATHTUB <u>2</u>	<input type="checkbox"/> DISHWASHER	<input type="checkbox"/> SINKS	<input type="checkbox"/> BAR SINKS
<input checked="" type="checkbox"/> SHOWER <u>1</u>	<input type="checkbox"/> OTHER	<input type="checkbox"/> OTHER	<input type="checkbox"/> POOL (SIZE)
<input type="checkbox"/> OVERSIZED BATHTUB (EX: JACUZZI, SOAKER)	<input type="checkbox"/> BIDET		

PROPERTY OWNER SIGNATURE Barbara Smith DATE: 8-8-2024
 APPLICANT / CORPORATION OFFICER SIGNATURE Barbara Smith DATE: 8/8-2024
 CORPORATION NAME: Barbara Smith
 OFFICERS NAME & TITLE (print) _____

I, BARBARA SMITH 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.

Barbara Smith
 Property Owner or Agent with Power of Attorney (Signature)

AMOUNT PAID 50.00 CASH / CHECK # 182 DATE RECEIVED 8-9-24 BY S.C.

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House Service Connection Ties

Address: 56 ROCKS RD.

Map: 7

Lot: 113

Seq: 0

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:

*REPLACE MOBILE HOME WITH NEW.
 CUT, CAP THEN RECONNECT AFTER HOME REPLACEMENT.*

EXISTING SEWER LINE

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] _____ *8/19/24* _____
 Sewer Superintendent Date

Board of Sewer Commissioners

 (CHAIRMAN)

AMOUNT PAID _____ CASH / CHECK # _____ DATE RECEIVED _____ BY _____