

**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



DATE: 10/28/2024

APPLICATION FOR SEWER SERVICE

APPLICANT / BUSINESS NAME Jayne DiGeronimo TRUSTEE
 SERVICE ADDRESS 6 Groveland St
 MAP 22 LOT 6 SEQ. 2 ZONING DISTRICT 4 Is LOT IN CURRENT USE? Y/N
 MAILING ADDRESS 38 Commonwealth Circle CITY Leominster STATE MA ZIP 01453
 PHONE 978-815-0162 CELL — EMAIL
 PROPERTY OWNER (IF DIFFERENT THAN ABOVE) SAME 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) +/- 4,000

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

Old house was 5 bed and 3 bath.

FIXTURE COUNT

BATHROOM		KITCHEN		LAUNDRY		Misc			
SHOWER/TUB COMBO	<u>2</u>	SINKS	<u>5</u>	SINKS	<u>1</u>	WASHING MACHINE	<u>1</u>	HOSEBIBS	<u>0</u>
BATHTUB	<u>0</u>	TOILETS	<u>4</u>	DISHWASHER	<u>1</u>	SINKS	<u>0</u>	BAR SINKS	<u>1</u>
SHOWER	<u>1</u>	URINALS	<u>0</u>	OTHER	<u>0</u>	OTHER	<u>0</u>	POOL (SIZE)	<u>N/A</u>
OVERSIZED BATHTUB (EX: JACUZZI, SOAKER)	<u>0</u>	BIDET	<u>0</u>						

PROPERTY OWNER SIGNATURE [Signature] DATE: 10/28/2024
 APPLICANT / CORPORATION OFFICER SIGNATURE [Signature] DATE: 10/28/2024

CORPORATION NAME:
 OFFICERS NAME & TITLE (print) Steve Franciosa

I, Jayne DiGeronimo Trustee 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.

[Signature]
 Property Owner or Agent with Power of Attorney (Signature)

#1980 Check# 1594 10/29/24 JM



TOWN OF SEABROOK PUBLIC WATER SYSTEM

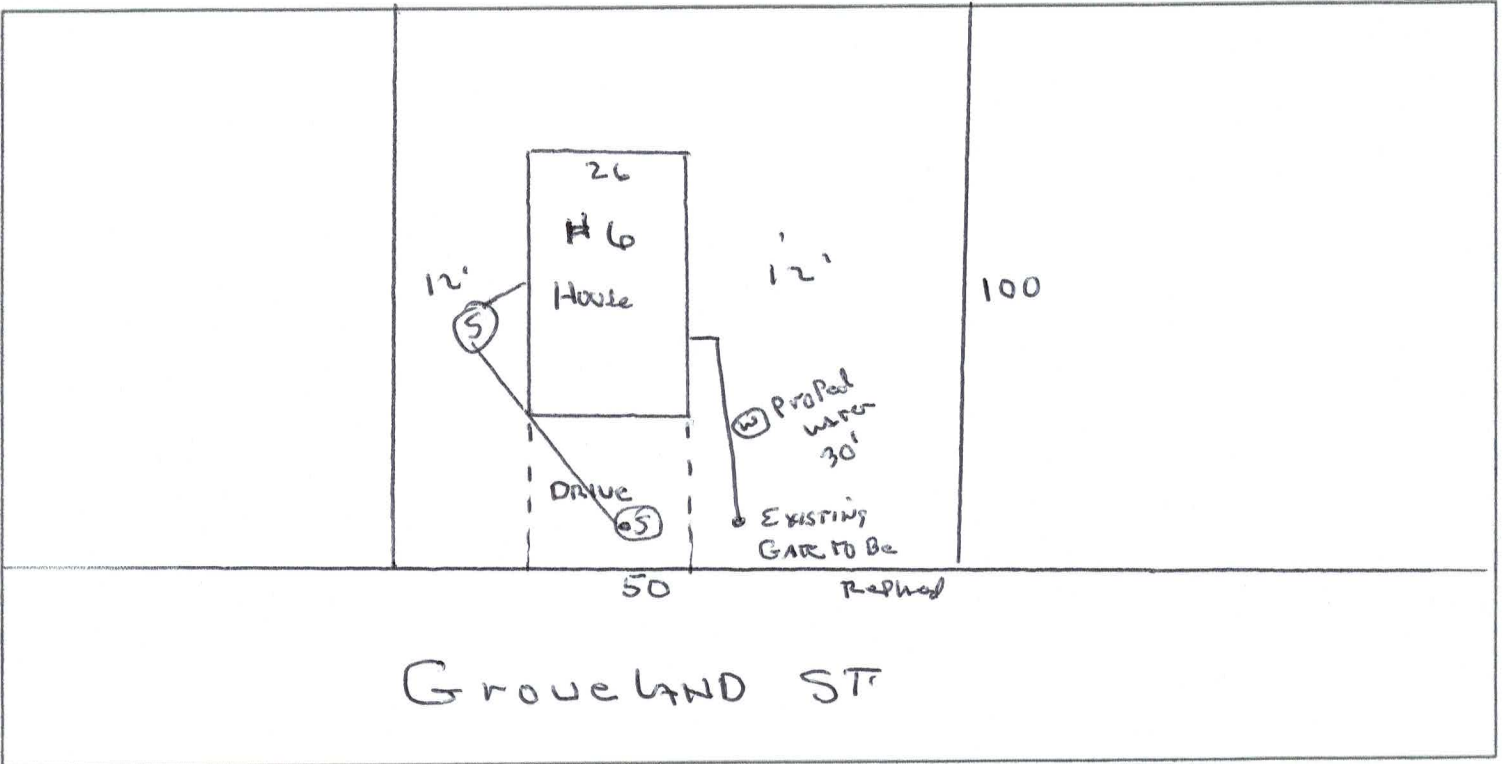
550 Route 107 - PO Box 456, Seabrook, NH 03874
Phone: (603) 474-9921 Fax: (603) 474-3399

WATER SERVICE APPLICATION

Service Connection Ties

Address: 6 Groveland St

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 sewer 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. Water lines are required to be inspected by the Water Department before backfilling.

-OFFICE USE ONLY-

GRANTED ___ DENIED ___ DATE _____

Board of Water Commissioners

REASON FOR DENIAL: _____

(Chairman)

[Signature]
Water Superintendent

10/27/24
Date

AMOUNT PAID \$11,900

CASH/CHECK # 1594

DATE RECEIVED 10/29/24

BY [Signature]