

**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: NOV. 18, 2024

APPLICANT / BUSINESS NAME Laurence J. Lamagna
 SERVICE ADDRESS 238 Bristol St.
 MAP 20 LOT 238 SEQ. _____ ZONING DISTRICT _____ IS LOT IN CURRENT USE Y N
 MAILING ADDRESS _____ CITY _____ STATE _____ ZIP _____
 PHONE _____ CELL 978-758-6690 EMAIL lamagna@comcast.net
 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) 2256

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

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

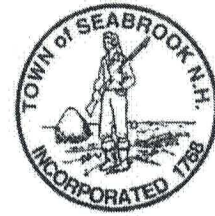
PROPERTY OWNER SIGNATURE [Signature] DATE: 11/18/2024
 APPLICANT / CORPORATION OFFICER SIGNATURE _____ DATE: _____
 CORPORATION NAME: _____
 OFFICERS NAME & TITLE (print) _____

I, Laurence Lamagna 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)

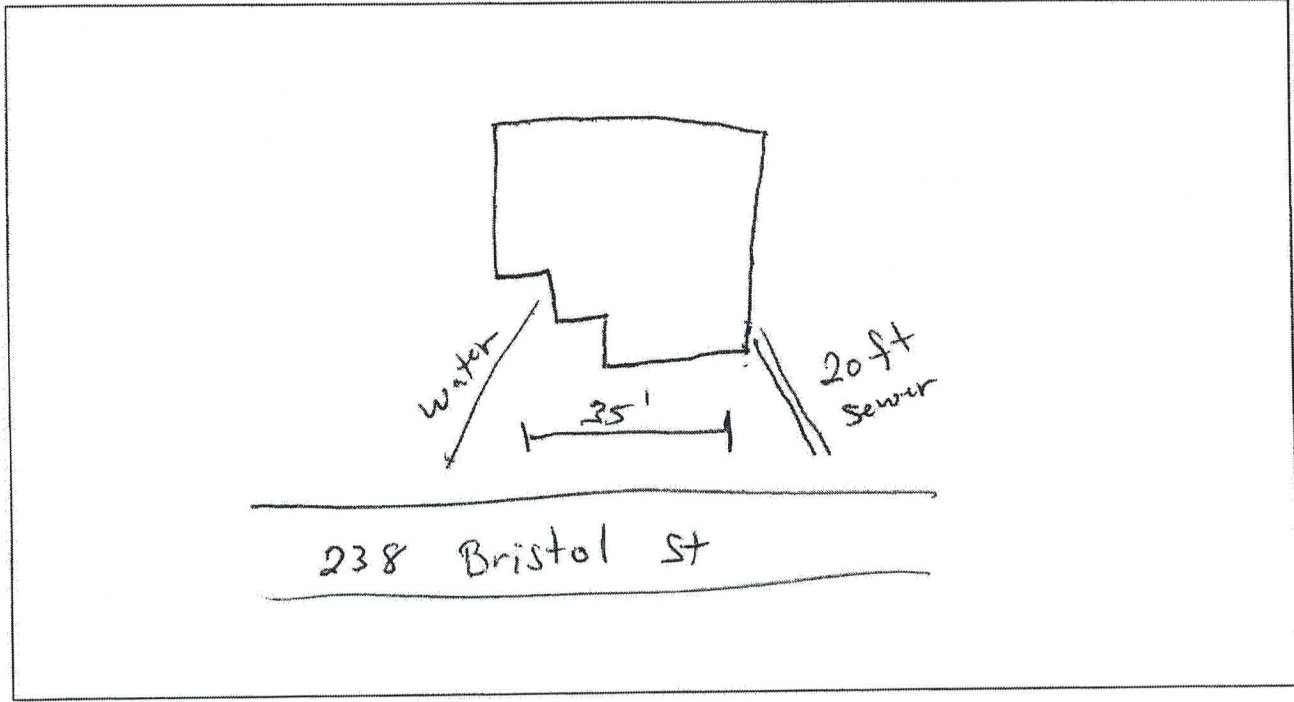
AMOUNT PAID 3801.00 CASH / CHECK # 9504 DATE RECEIVED 12/18/24 BY [Signature]

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Address: 238 Bristol St House Service Connection Ties
 Map: 20 Lot: 238 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--

Board of Sewer Commissioners

GRANTED _____ DENIED _____ DATE _____

REASON FOR DENIAL: _____ (CHAIRMAN) _____

[Signature] 11/25/24 _____
 Sewer Superintendent Date

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