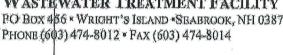
## TOWN OF SEABROOK SEWER DEPARTMENT &

## WASTEWATER TREATMENT FACILITY

PO Box 456 \* Wright's Island \*Shabrook, NH 03874





DATE: 3-31-25 APPLICATION FOR SEWER SERVICE n Waterman APPLICANT / BUSINESS NAME \ 0 1 SERVICE ADDRESS IS LOT IN CURRENT USB? Y ZONING DISTRICT MAILING ADDRESS 3 FOWLER Brook Rd STATE NA CELL 603-793-6163EMAIL Watermanle 23G PHONE PROPERTY OWNER (IF DIFFERENT THAN ABOVE) PHONE TYPE OF CONSTRUCTION (CHECK ALL THAT APPLY): NEW CONSTRUCTION RESIDENTIAL SINGLE-FAMILY RESIDENTIAL MULTI-FAMILY MOBILE/MANUFACTURED HOME COMMERCIAL INDUSTRIAL OTHER (PLEASE DESCRIBE): BUILDING SIZE (IN SQUARE PRET) 2,700 COMMENTS (IF APPLICABLE PLBASE LIST NO, OF BUILDINGS AND NO. OF UNITS): FIXTURE COUNT Misc LAUNDRY Krichen BATHROOM HOSEBIBS SINKS WASHING MACHINE SHOWER/TUB COMBO SINKS BAR SINKS SINKS BATTITUB TOILETS DISHWASHER POOL (SIZE) SHOWER URINALS OTHER OVERSIZED BATHTUB (EX: BIDET JACIJEZI, SOAKER) DATE: Soal-as PROPERTY OWNER SIGNATURE APPLICANT / CORPORATION OPPICER SIGNATURE CORPORATION NAME: OFFICERS NAME & TITLE (print) Waterman agree that I will not hold the Seabrook Sewer Department Property Owner (print) 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)

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## TOWN OF SEABROOK SEWER DEPARTMENT &

WASTEWATER TREATMENT FACILITY PO BOX 456 • WRIGHT'S ISLAND • SEABROOK, NH 03874

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BY DATE RECEIVED CASH / CHECK # AMOUNT PAID

LEEANN M. WATERMAN

SFOWLER BROOK RD

SEABHOOK, MEI 03874

3:31-25

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