

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: 3-31-25

APPLICANT / BUSINESS NAME LeeAnn Waterman

SERVICE ADDRESS 3 Fowler Brook Rd

MAP 13 LOT 16 SEQ. 3 / 30 ZONING DISTRICT _____ IS LOT IN CURRENT USE? Y (N)

MAILING ADDRESS 3 Fowler Brook Rd CITY Seabrook STATE NH ZIP 03874

PHONE _____ CELL 603-793-6163 EMAIL Lwaterman623@gmail.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): Change to existing

BUILDING SIZE (IN SQUARE FEET) 2,700

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

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"/>	TOILETS	<input type="checkbox"/>	DISHWASHER	<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"/>	<u>3</u> OTHER <u>Bedrooms</u>	<input type="checkbox"/>		
				<u>(primary) (w)</u>			

PROPERTY OWNER SIGNATURE LeeAnn Waterman

DATE: 3-31-25

APPLICANT / CORPORATION OFFICER SIGNATURE _____

DATE: _____

CORPORATION NAME: _____

OFFICERS NAME & TITLE (print) _____

I, LeeAnn Waterman 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.

LeeAnn Waterman

Property Owner or Agent with Power of Attorney (Signature)

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

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House Service Connection Ties

Address: 3 Fowler Brook Rd

Map: 13

Lot: 16

Seq: 3 / 30

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:

Blank area for sketch of service connection, street, house, and water lines.

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 Committsioners

REASON FOR DENIAL: _____

(CHAIRMAN)

[Signature] 4/1/25
Sewer Superintendent Date

AMOUNT PAID _____

CASH / CHECK # _____

DATE RECEIVED _____

BY _____

LEEANN M. WATERMAN
3 FOWLER BROOK RD
SEABROOK, NH 03874

411

53-8890/2413

3-31-05

Date

CHECK-AMOR

Pay to the
Order of

Town of Seabrook

Fifty

\$ 50.00

Dollars

Photo
Safe
Deposit
Box

Align
CREDIT UNION

CONSUME all your banking needs COWELL, MASSACHUSETTS 01851

For Sewer application

LeeAnn Water

1-2113839011

967920 011 0411

Tadland Clarke