

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: 03/12/2005

APPLICANT / BUSINESS NAME

SERVICE ADDRESS

MAP

LOT

SEQ.

ZONING DISTRICT

IS LOT IN CURRENT USE? Y / N

MAILING ADDRESS

CITY

STATE

ZIP

PHONE

CELL

EMAIL

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) 1536 sq'

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

FIXTURE COUNT

BATHROOM		KITCHEN		LAUNDRY		MISC	
SHOWER/TUB COMBO	<u>2</u>	SINKS	<u>3</u>	WASHING MACHINE	<u>1</u>	HOSEBIBS	<u>N/A</u>
BATHTUB	<u>N/A</u>	TOILETS	<u>3</u>	SINKS	<u>1</u>	BAR SINKS	<u>N/A</u>
SHOWER	<u>N/A</u>	URINALS	<u>N/A</u>	OTHER	<u>0</u>	POOL (SIZE)	<u>N/A</u>
OVERSIZED BATHTUB (EX: JACUZZI, SOAKER)	<u>N/A</u>	BIDET	<u>N/A</u>				

PROPERTY OWNER SIGNATURE

DATE: 03/17/2005

APPLICANT / CORPORATION OFFICER SIGNATURE

DATE:

CORPORATION NAME:

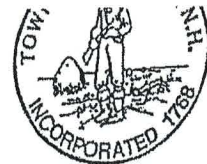
OFFICERS NAME & TITLE (print)

I, Darren Locke 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)

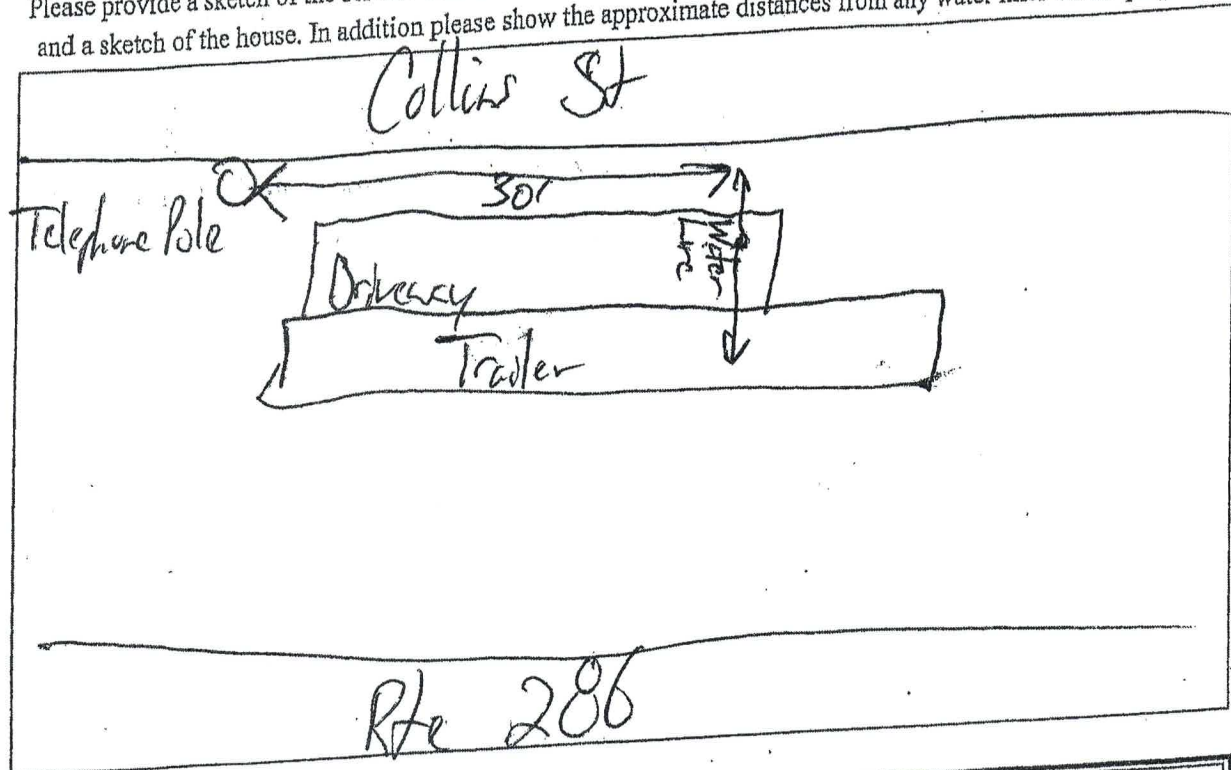
AMOUNT PAID 1901 CASH / CHECK # CASH DATE RECEIVED 4/4/25 BY JM

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Address: 42 Collins St House Service Connection Ties
Map: _____ Lot: _____ 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---
GRANTED _____ DENIED _____ DATE _____
REASON FOR DENIAL: _____
[Signature] 3/21/25
Sewer Superintendent Date
Board of Sewer Commissioners

(CHAIRMAN)

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

Date Rec'd: _____
CK#: _____ / Cash/CC
Receipt# _____
Mail/Pickup _____

Town of Seabrook, NH
Application for DEMOLITION PERMIT
Application must be in Ink and legible

PERMIT # _____
PERMIT FEES \$ _____

Commercial/Industrial \$ 100 & Residential \$ 50

Property Address: 42 Collins St Seabrook N.H. Map 15 Lot 53 Seq _____
Structure Type: Mobile Home
Applicant Name: Darren Locke Telephone Number: 603-957-7160
Address: 42 Collins St Seabrook, N.H.
Property Owners Name: Darren Locke Telephone Number: 603-957-7160
Address: " "

By signing below, you are verifying that the utility that you are responsible for has been safely terminated or never existed for the structure above.

ALL HAZARD MATERIALS HAVE BEEN REMOVED AND PROPERLY DISPOSED OF PER STATE OF NH AND TOWN OF SEABROOK REGULATIONS.

Signature of property owner/ authorized Agent: [Signature]
Dig Safe Number 2025 120H368 (Please call Dig Safe @ 1-888-344-7233 to see if required)

ANY FEES REQUIRED ARE THE RESPONSIBILITY OF THE PROPERTY OWNER

TAX COLLECTOR
474-9881

Lillian Water 3/18/25
TAX COLLECTOR /AUTHORIZED AGENT

WATER DEPT SUPERINTENDENT
550 RTE 107 474-9921

[Signature] 4/2/25
WATER SUPERINTENDENT/AUTHORIZED AGENT
**water to be turned off + meter removal before Demo*

WATER METERS MUST BE RETURNED TO SEABROOK WATER DEPT AT 550 ROUTE 107

SEWER DEPT SUPERINTENDENT
WRIGHT'S ISLAND 474-8012

[Signature] 4/2/25
SEWER SUPERINTENDENT/AUTHORIZED AGENT

UNITIL - GAS SERVICE
1-866-933-3820

MANAGER, DISTRIBUTION DEPT/AUTHORIZED AGENT

UNITIL - ELECTRICITY
1-800-852-3339

AUTHORIZED AGENT

FAIRPOINT TELEPHONE
1-866-984-4001

AUTHORIZED AGENT

COMCAST
1-800-266-2278

AUTHORIZED AGENT

TRANSFER STATION
ROCKS RD 474-9765

AUTHORIZED AGENT

BUILDING INSPECTOR
474-3871

BUILDING INSPECTOR/AUTHORIZED AGENT

PROOF OF OWNERSHIP IS REQUIRED BY BUILDING INSPECTOR BEFORE DEMOLITION PERMIT IS GRANTED
DEMOLITION MATERIALS TAKEN TO THE SEABROOK TRANSFER STATION NEEDS PRIOR APPROVAL. APPLICATIONS
ARE AVAILABLE AT THE SEABROOK TRANSFER STATION. IF YOU HAVE QUESTIONS ABOUT THIS PLEASE CALL (603) 474-