

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 3/21/25

APPLICANT / BUSINESS NAME Wojcik Development Corp
 SERVICE ADDRESS 84A Blacksnake Road Left Side

MAP LOT SEC. ZONING DISTRICT IS LOT IN CURRENT USE? Y/N

MAILING ADDRESS 110 Main ST CITY Seabrook STATE NH ZIP 03874

PHONE 603-388-5829 CELL 603-885-6868 EMAIL Edward.Wojcik@wojcikdev.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):

BUILDING SIZE (IN SQUARE FEET) 2067 Per size

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

BATHROOM

FIXTURE COUNT

KITCHEN

LAUNDRY

MISC

2 SHOWER/TUB COMBO

BATHTUB

SHOWER

OVERSIZED BATHTUB (EX: JACUZZI, SOAKTUB)

SINKS

TOILETS

URINALS

BIDET

SINKS

DISHWASHER

OTHER

SINKS

WASHING MACHINE

SINKS

OTHER

HOSE/BS

BAR SINKS

POOL (SIZE)

3 Bedroom

PROPERTY OWNER SIGNATURE

APPLICANT / CORPORATION OFFICER SIGNATURE

CORPORATION NAME

OFFICER'S NAME & TITLE (PRINT)

Mark Wojcik
 Property Owner (Print)

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.

Mark Wojcik
 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: 84 A Blacksnake Rd (Left Side)
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.

for plan

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: _____

Sewer Superintendent

Date

Board of Sewer Commissioners

(CHAIRMAN)

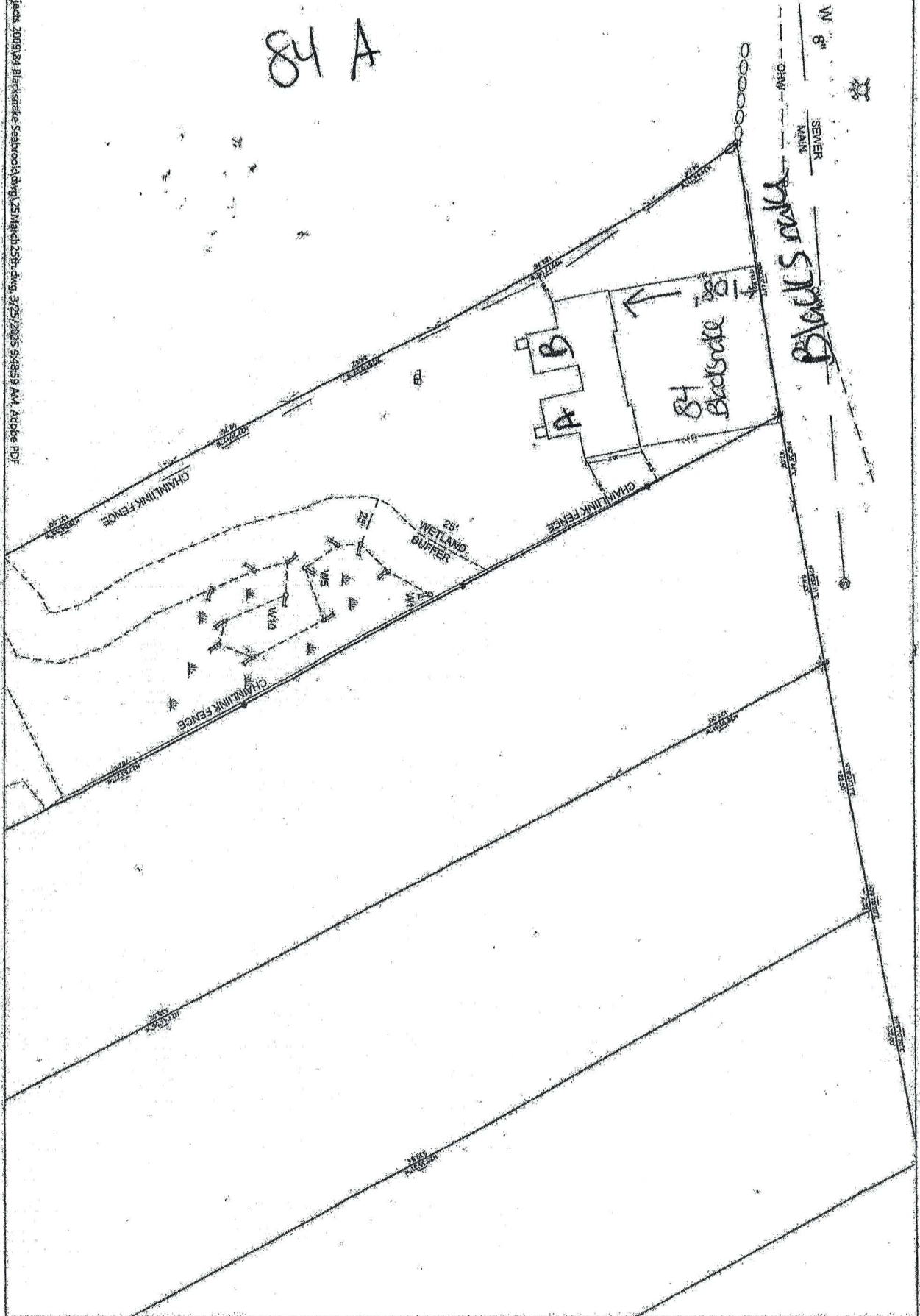
AMOUNT PAID

CASH / CHECK #

DATE RECEIVED

BY

84 A



PDF CONSTRUCTION INC

2013

53-70942113
00

3-10-2025

DATE

FRANKMORT+

PAY TO THE
ORDER OF

Town of Seabrook

\$ 7,602.00

Seven Thousand Six Hundred Two

DOLLARS

Photo
Safe
Deposit
Details on back



INSTITUTION FOR SAVINGS

BUILDING STRONGER COMMUNITIES TOGETHER SINCE 1820

FOR

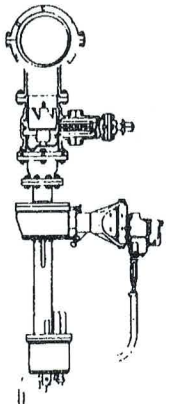
35 Brooks Rd Ext Seabrook

[Signature]

12113709431 1188 049944 711 2013

Harvard Clerk

CASUAL



John Hoadley and Sons, Inc.

WATER WORKS SPECIALIST

DISTRIBUTOR OF QUALITY WATER, SEWER & DRAINAGE SUPPLIES

672 UNION STREET
ROCKLAND, MA 02370
781-878-8098
508-584-3680
FAX 781-878-5298

3 bedrooms
5701.5

1 bedroom
1900.5

• which unit to have
existing sources.

TAPPING SLEEVES AND GATES INSTALLED • SMALL TAPS • PRESSURE TESTING

AND DISINFECTION • ELECTRONIC LEAK DETECTION

EMERGENCY REPAIRS • SPECIAL MECHANICAL ENGINEERING

BACKFLOW PREVENTERS INSTALLED AND MAINTAINED

INSERTION VALVES • LINE STOPPING