

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: _____

APPLICANT / BUSINESS NAME

Sam Peterson

SERVICE ADDRESS

6 JANVIN DR

MAP

LOT

SEQ.

ZONING DISTRICT

Is LOT IN CURRENT Use? ☒ Y / ☐ N

MAILING ADDRESS

25 COLLINGS ST

CITY

SEABROOK

STATE

NH

ZIP 03874

PHONE

603 300 2950

CELL

SAMC

EMAIL

PROPERTY OWNER (IF DIFFERENT THAN ABOVE)

[Signature]

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)

2016

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

one House new construction style Cape
28 x 36

FIXTURE COUNT

BATHROOM

SHOWER/TUB COMBO

2

SINKS

1

BATHTUB

2

TOILETS

1

SHOWER

URINALS

OVERSIZED BATHTUB (EX:
JACUZZI, SOAKER)

BIDET

KITCHEN

SINKS

1

DISHWASHER

3

OTHER

LAUNDRY

WASHING MACHINE

SINKS

OTHER

MISC

HOSEBIBS

BAR SINKS

POOL (SIZE)

PROPERTY OWNER SIGNATURE

[Signature]

DATE:

APPLICANT / CORPORATION OFFICER SIGNATURE

DATE:

CORPORATION NAME:

OFFICERS NAME & TITLE (print)

I, Sam Peterson 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.

[Signature]

Property Owner or Agent with Power of Attorney (Signature)

AMOUNT PAID 1900.50 CASH / CHECK # 207 DATE RECEIVED 6/12/05 BY CJ

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House Service Connection Ties

Address: _____

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:

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.

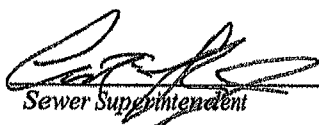
--OFFICE USE ONLY--

GRANTED _____ DENIED _____ DATE _____

Board of Sewer Commissioners

REASON FOR DENIAL: _____

(CHAIRMAN)


Sewer Superintendent

6/12/05

Date

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