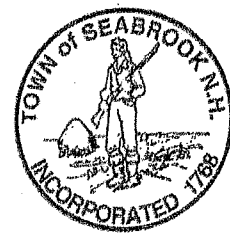


TOWN OF SEABROOK
SEWER DEPARTMENT &

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: 8/14/25

APPLICANT / BUSINESS NAME

Dawn Frost

SERVICE ADDRESS

65 Dows Lane

MAP

12 LOT 6

SEQ. N/A

ZONING DISTRICT

IS LOT IN CURRENT USE? Y N

MAILING ADDRESS

129 South Rd.

CITY

Kensington

STATE

NH

ZIP

03833

PHONE

603-772-4456

CELL

603-608-5494

EMAIL

dawnkey@comcast.net

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)

1792

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

FIXTURE COUNT

BATHROOM

SHOWER/TUB COMBO

0

SINKS

4

BATHTUB

1

TOILETS

2

SHOWER

2

URINALS

0

OVERSIZED BATHTUB (EX:
JACUZZI, SOAKER)

0

BIDET

0

KITCHEN

SINKS

1

DISHWASHER

1

OTHER

LAUNDRY

WASHING MACHINE

1

SINKS

1

OTHER

MISC

HOSEBIBS

1

BAR SINKS

1

POOL (SIZE)

PROPERTY OWNER SIGNATURE

Dawn Frost

DATE:

8/14/25

APPLICANT / CORPORATION OFFICER SIGNATURE

DATE:

CORPORATION NAME:

OFFICERS NAME & TITLE (print)

I, Dawn Frost 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.

Dawn Frost

Property Owner or Agent with Power of Attorney (Signature)

AMOUNT PAID 3801.00 CASH / CHECK # 454 DATE RECEIVED 8.14.25 BY Judy



House Service Connection Ties

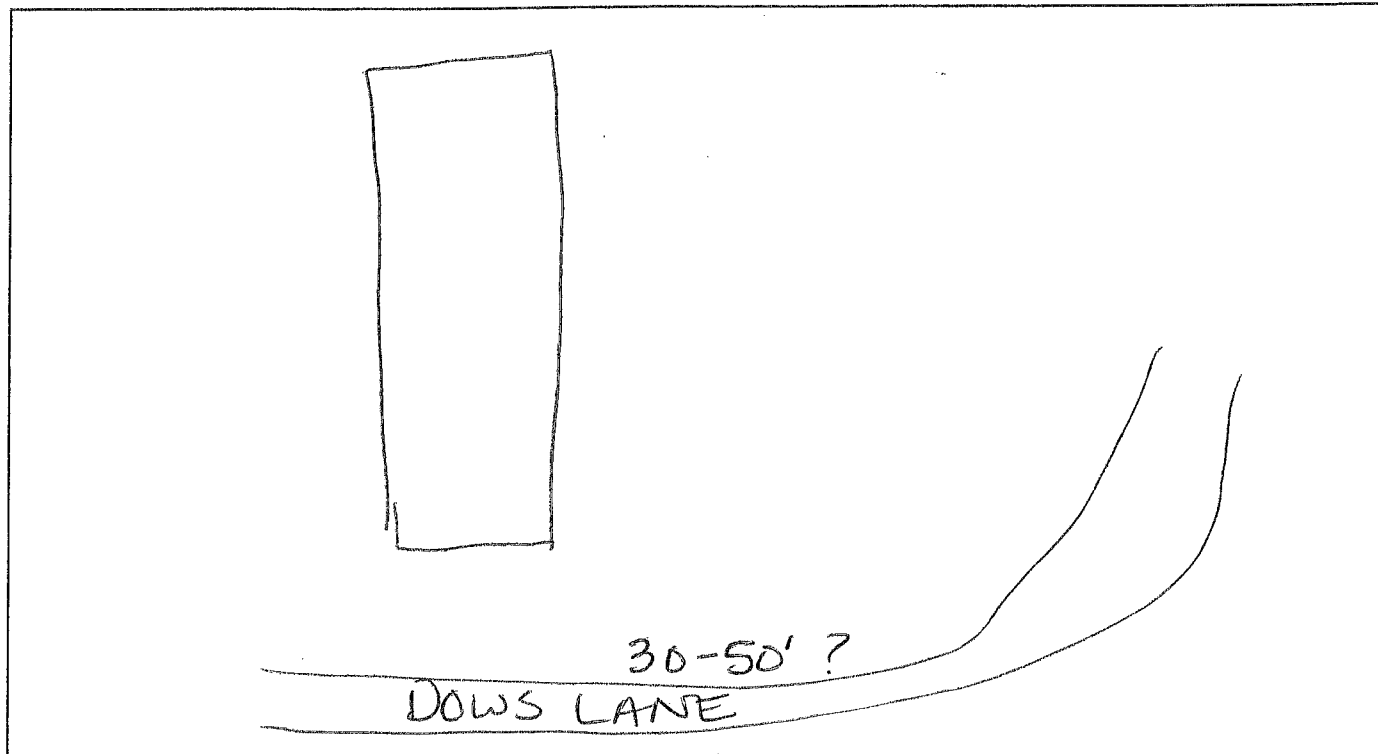
Address: 65 Dows Lane

Map: 12

Lot: 6

Seq: N/A

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 _____

Board of Sewer Commissioners

REASON FOR DENIAL: _____

(CHAIRMAN)


Sewer Superintendent

8/15/25
Date

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

DAWN FROST
ERIC DANE FROST
129 SOUTH RD
KENSINGTON, NH 03833-6820

454

54-8965/2114
02

Aug. 14, 2025

Date

CHECK ARMOR
FRAUD PROTECTION

Pay to the
Order of

Town of Seabrook

\$ 3,801.00

Three thousand eight hundred one xx/100

Dollars



Photo
Safe
Deposit
Details on back

SERVICE
CREDIT UNION
★★★★★

Service Federal Credit Union
servicecu.org
800.936.7730 (U.S.) • 00800.4728.2000 (Int'l)

For Sewer

Dawn Frost

MP

⑆211489656⑆ 2805019509⑆ 0454

Harland Clarke