

TOWN OF SEABROOK
SEWER DEPARTMENT &
WASTEWATER TREATMENT FACILITY
 PO BOX 56 • WRIGHT'S ISLAND • SEABROOK, NH 03874
 PHONE (603) 474-8012 • FAX (603) 474-8014



APPLICATION FOR SEWER SERVICE

DATE: 7/10/2025

APPLICANT / BUSINESS NAME J&M BUILDERS
 SERVICE ADDRESS 164 TILTON ST.
 MAP 20 LOT 164 SEQ. _____ ZONING DISTRICT BEACH IS LOT IN CURRENT USE? ☒ Y ☐ N
 MAILING ADDRESS 44 TICKLEFANCY LANE CITY SALEM STATE NH ZIP 03079
 PHONE 978-375-4530 CELL SAME EMAIL JMBUILDERS@306MAIL.COM
 PROPERTY OWNER (IF DIFFERENT THAN ABOVE) STEVE SIRMAIAN PHONE 978-771-2906

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) 2219

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

FIXTURE COUNT

BATHROOM		KITCHEN		LAUNDRY		MISC	
SHOWER/TUB COMBO <input type="radio"/>	<u>3</u>	SINKS <u>1</u>	SINKS <u>1</u>	WASHING MACHINE <u>2</u>	HOSEBIBS <input type="checkbox"/>		
BATHTUB <input type="radio"/>	<u>3</u>	DISHWASHER <u>1</u>	DISHWASHER <u>0</u>	SINKS <input type="radio"/>	BAR SINKS <input type="checkbox"/>		
SHOWER <u>4</u> →	<u>4</u>	OTHER <input type="radio"/>	OTHER <input type="radio"/>	OTHER <input type="radio"/>	POOL (SIZE) <input type="checkbox"/>		
OVERSIZED BATHTUB (EX: JACUZZI, SOAKER) <input type="radio"/>							

PROPERTY OWNER SIGNATURE _____ DATE: _____

APPLICANT / CORPORATION OFFICER SIGNATURE James Kater DATE: _____

CORPORATION NAME: J&M BUILDERS

OFFICERS NAME & TITLE (print) JAMES KATER CONTRACTOR

I, STEVEN A Sirmaian 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 # 1267 DATE RECEIVED 7-16-25 BY MS

TOWN OF SEABROOK**SEWER DEPARTMENT &****WASTEWATER TREATMENT FACILITY**

PO BOX 456 • WRIGHT'S ISLAND • SEABROOK, NH 03874

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**House Service Connection Ties**Address: 164 TILTON ST.Map: 20Lot: 164

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 _____

Board of Sewer Commissioners

REASON FOR DENIAL: _____

(CHAIRMAN)

Sewer Superintendent8/14/25
DateAMOUNT PAID 81900.50 CASH / CHECK # 1267 DATE RECEIVED 7-16-25 BY MS