

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 Cardinal NH 15 LLC

SERVICE ADDRESS 894 Lafayette Road #1 Units B-F

MAP 7 LOT 93-20 SEQ. _____ ZONING DISTRICT 6M-North Village Is LOT IN CURRENT USE? Y/N

MAILING ADDRESS PO Box 70 CITY East Kingston STATE NH ZIP 03874

PHONE 978-992-1120 CELL _____ EMAIL john@cardinaldevelopmentllc.com

PROPERTY OWNER (IF DIFFERENT THAN ABOVE) _____ PHONE _____

TYPE OF CONSTRUCTION (CHECK ALL THAT APPLY):

NEW CONSTRUCTION x RESIDENTIAL SINGLE- FAMILY _____ RESIDENTIAL MULTI-FAMILY _____

CONDO x MOBILE/MANUFACTURED HOME _____ COMMERCIAL _____ INDUSTRIAL x

OTHER (PLEASE DESCRIBE): _____

BUILDING SIZE (IN SQUARE FEET) 9005

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

1 Building, 5 units. 1 single service connection out through existing stub on main sewer line.

10 employees - 2 per unit.

BATHROOM		KITCHEN		LAUNDRY		MISC	
SHOWER/TUB COMBO	<input type="checkbox"/>	SINKS	<input type="checkbox"/>	WASHING MACHINE	<input type="checkbox"/>	HOSE/BIBS	<input type="checkbox"/>
BATHTUB	<input type="checkbox"/>	SINKS	<input type="checkbox"/>	SINKS	<input type="checkbox"/>	BAR SINKS	<input type="checkbox"/>
SHOWER	<input type="checkbox"/>	DISHWASHER	<input type="checkbox"/>	OTHER	<input type="checkbox"/>	POOL (SIZE)	<input type="checkbox"/>
OVERSIZED BATHTUB (EX: JACUZZI, SOAKER)	<input type="checkbox"/>	OTHER	<input type="checkbox"/>				
	<input type="checkbox"/>						

PROPERTY OWNER SIGNATURE _____ DATE: _____

APPLICANT / CORPORATION OFFICER SIGNATURE [Signature] DATE: 7/28/25

CORPORATION NAME: Cardinal NH 15 LLC

OFFICERS NAME & TITLE (print) John Guertin manager member

I, John Guertin 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)

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House Service Connection Ties

Address: 894 Lafayette Road #1 Units B-F

Map: 7

Lot: 93-50

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:

See complete utility plan attached.

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)

[Signature]
Sewer Superintendent

8/1/25
Date

Amount Paid \$1267 Cash/Check# 1022 Date 8-1-25 By MS