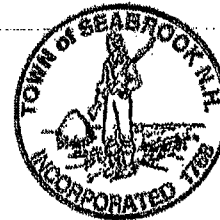


TOWN OF SEABROOK
SEWER DEPARTMENT &
WASTEWATER TREATMENT FACILITY
PO BOX 456 • WRIGHT'S ISLAND • SEABROOK, NH 03874
PHONE (603) 474-8012 • FAX (603) 474-8014



APPLICATION FOR SEWER SERVICE

DATE: _____

APPLICANT / BUSINESS NAME DAVE HOPE HRH CONSTRUCTION INC

SERVICE ADDRESS 2 RIVER ST

MAP 23 LOT 2 SEQ. _____ ZONING DISTRICT _____ IS LOT IN CURRENT USE? Y (N)

MAILING ADDRESS 27 RIVER ROAD CITY SEABROOK STATE MA ZIP 01910

PHONE _____ CELL 978 314 7263 EMAIL HRHCONSTRUCTIONINC1@GMAIL.COM

PROPERTY OWNER (IF DIFFERENT THAN ABOVE) SAM CATALANO PHONE 978 387 6231

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) _____

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

FIXTURE COUNT

BATHROOM		KITCHEN		LAUNDRY		MISC	
SHOWER/TUB COMBO	<u>1</u>	SINKS	<u>1</u>	SINKS	<u>2</u>	WASHING MACHINE	<u>3</u>
BATHTUB	<u>0</u>	TOILETS	<u>1</u>	DISHWASHER		SINKS	<u>1</u>
SHOWER	<u>2</u>	URINALS		OTHER		OTHER	
OVERSIZED BATHTUB (EX: JACUZZI, SOAKER)	<u>1</u>	BIDET					

PROPERTY OWNER SIGNATURE _____ DATE: _____

APPLICANT / CORPORATION OFFICER SIGNATURE _____ DATE: _____

CORPORATION NAME: HRH CONSTRUCTION INC

OFFICERS NAME & TITLE (print) W. D. HOPE PRESIDENT

I, SAM CATALANO 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.

Sam Catalano
Property Owner or Agent with Power of Attorney (Signature)

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

SEWER DEPARTMENT &
WASTEWATER TREATMENT FACILITY
PO BOX 456 • WRIGHT'S ISLAND • SEABROOK, NH 03874
PHONE (603) 474-8012 • FAX (603) 474-8014



House Service Connection Ties

Address: 2 River St

Map: 23

Lot: 2

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:

plans 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

Board of Sewer Commissioners

GRANTED _____ DENIED _____ DATE _____

REASON FOR DENIAL: _____

(CHAIRMAN)

Sewer Superintendent

8/26/25
Date

AMOUNT PAID _____

CASH / CHECK # _____

DATE RECEIVED _____

BY _____