

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: 09/02/2025

APPLICANT / BUSINESS NAME Cote & Foster Contracting, Inc., Methuen, MA

SERVICE ADDRESS 203 Atlantic Ave, Seabrook, NH

MAP 22 LOT 22-1 SEQ. _____ ZONING DISTRICT _____ IS LOT IN CURRENT USE? ☒ Y N

MAILING ADDRESS 203 Atlantic Ave CITY Seabrook STATE NH ZIP 03874

PHONE _____ CELL 978.423.6429 EMAIL steve@coteandfoster.com

PROPERTY OWNER (IF DIFFERENT THAN ABOVE) Marc DiGeronimo PHONE 978.502.1957

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>6</u>	SINKS	<u>2</u>	WASHING MACHINE	<u>2</u>	HOSEBIBS	
BATHTUB	<u>1</u>	TOILETS	<u>6</u>	DISHWASHER	<u>2</u>	SINKS	<u>1</u>	BAR SINKS	
SHOWER	<u>4</u>	URINALS		OTHER		OTHER		POOL (SIZE)	
OVERSIZED BATHTUB (EX: JACUZZI, SOAKER)		BIDET							

PROPERTY OWNER SIGNATURE [Signature] DATE: 09/02/2025
Marc DiGeronimo (Sep 3, 2025 08:53:18 MDT)

APPLICANT / CORPORATION OFFICER SIGNATURE [Signature] DATE: 09/02/2025

CORPORATION NAME: Cote & Foster Contracting, Inc., Methuen, MA

OFFICERS NAME & TITLE (print) Steve Cote, VP

I, Marc DiGeronimo 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.

[Signature] [Signature]
Marc DiGeronimo (Sep 3, 2025 08:59:18 MDT)
Property Owner or Agent with Power of Attorney (Signature)

AMOUNT PAID 9100 CASH / CHECK # _____ DATE RECEIVED _____ BY _____

6300

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House Service Connection Ties

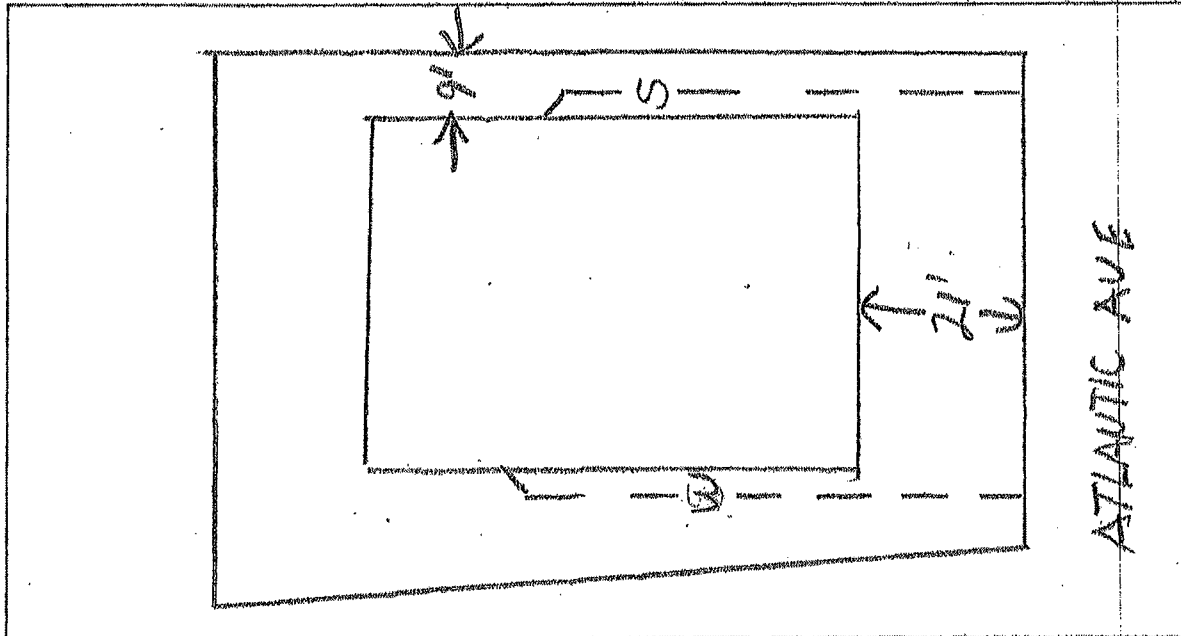
Address: 203 Atlantic Ave, Seabrook, NH

Map: 22

Lot: 22-1

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)

C. J. [Signature]
Sewer Superintendent

9/8/12
Date

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