

**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: ~~4-4-25~~ 8-21-25 *SW*

APPLICANT / BUSINESS NAME Spednik, LLC

SERVICE ADDRESS 24 Adder Lane

MAP \_\_\_\_\_ LOT \_\_\_\_\_ SEQ. \_\_\_\_\_ ZONING DISTRICT \_\_\_\_\_ IS LOT IN CURRENT USE? Y (N)

MAILING ADDRESS 48 Blacksnake Rd. CITY Seabrook STATE NH ZIP 03874

PHONE 603 397 7570 CELL \_\_\_\_\_ EMAIL SpednikLLC@gmail.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 \_\_\_\_\_ MOBILE/MANUFACTURED HOME X COMMERCIAL \_\_\_\_\_ INDUSTRIAL \_\_\_\_\_

OTHER (PLEASE DESCRIBE): \_\_\_\_\_

BUILDING SIZE (IN SQUARE FEET) 1500

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

Demolishing home that is currently on property as of  
4-4-25 and installing new manufactured home in  
September 2025. *SW*

**FIXTURE COUNT**

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

PROPERTY OWNER SIGNATURE *Stephen Lago* DATE: ~~4-4-25~~ 8-21-25 *SW*

APPLICANT / CORPORATION OFFICER SIGNATURE *Stephen Lago* DATE: \_\_\_\_\_

CORPORATION NAME: Spednik LLC

OFFICERS NAME & TITLE (print) Stephen Lago, Manager

I, Stephen Lago 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.

*Stephen Lago*  
Property Owner or Agent with Power of Attorney (Signature)

AMOUNT PAID _____	CASH / CHECK # _____	DATE RECEIVED _____	BY _____
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**House Service Connection Ties**

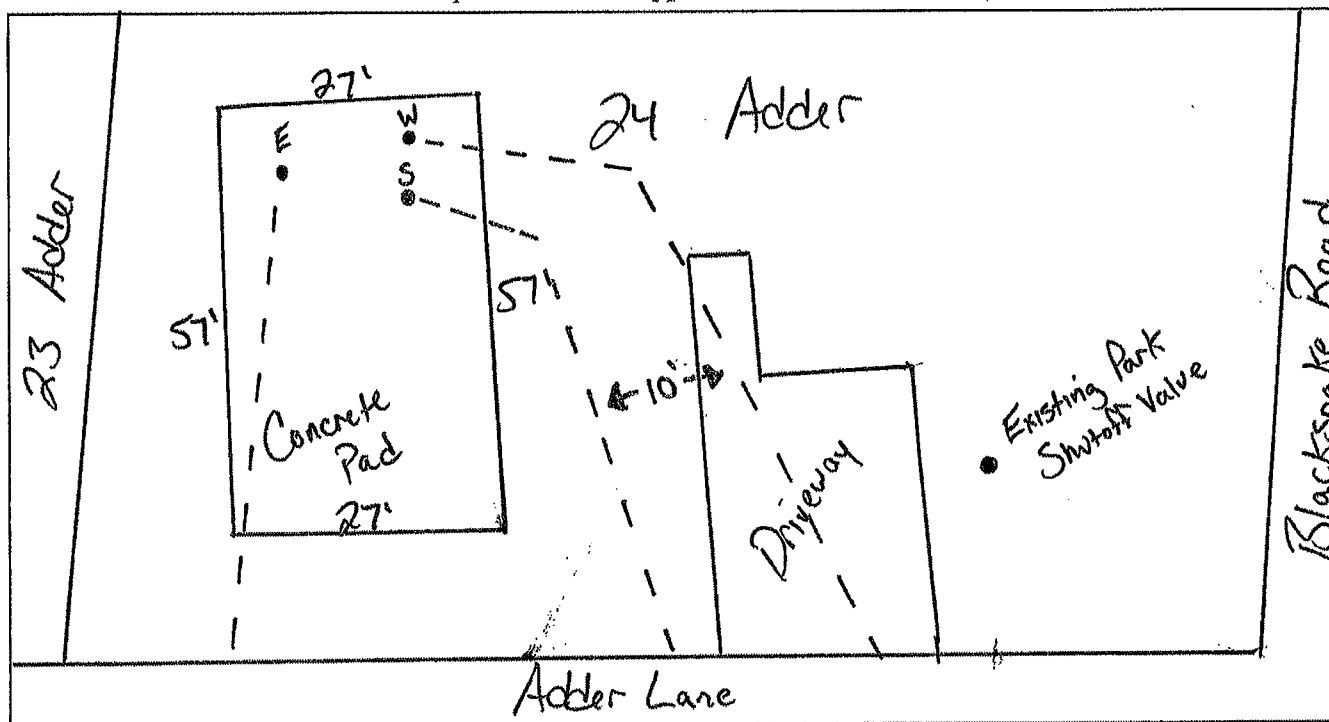
Address: 24 Adder Lane, Seabrook, NH 03874

Map: \_\_\_\_\_

Lot: \_\_\_\_\_

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 Superintendent

8/25/25  
Date

AMOUNT PAID \_\_\_\_\_ CASH / CHECK # \_\_\_\_\_ DATE RECEIVED \_\_\_\_\_ BY \_\_\_\_\_