

**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: 8-19-25

APPLICANT / BUSINESS NAME Harlan Bragg  
SERVICE ADDRESS 8 Virginia Lane  
MAP \_\_\_\_\_ LOT \_\_\_\_\_ SEQ. \_\_\_\_\_ ZONING DISTRICT \_\_\_\_\_ IS LOT IN CURRENT USE? (Y) N  
MAILING ADDRESS 8 Virginia Lane CITY Seabrook STATE NH ZIP 03877  
PHONE 603-395-5097 CELL " EMAIL hubb44@mail.com  
PROPERTY OWNER (IF DIFFERENT THAN ABOVE) \_\_\_\_\_ PHONE \_\_\_\_\_

**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                        | <input type="checkbox"/>            | SINKS   | <input type="checkbox"/> | WASHING MACHINE | <input type="checkbox"/> | HOSEBIBS    | <input type="checkbox"/> |
| BATHTUB                                 | <input checked="" type="checkbox"/> | TOILETS | <input type="checkbox"/> | SINKS           | <input type="checkbox"/> | BAR SINKS   | <input type="checkbox"/> |
| SHOWER                                  | <input checked="" type="checkbox"/> | URINALS | <input type="checkbox"/> | OTHER           | <input type="checkbox"/> | POOL (SIZE) | <input type="checkbox"/> |
| OVERSIZED BATHTUB (EX: JACUZZI, SOAKER) | <input type="checkbox"/>            | BIDET   | <input type="checkbox"/> |                 |                          |             |                          |

PROPERTY OWNER SIGNATURE Harlan Bragg DATE: 8-4-25

APPLICANT / CORPORATION OFFICER SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_

CORPORATION NAME: \_\_\_\_\_

OFFICERS NAME & TITLE (print) \_\_\_\_\_

I, Harlan Bragg 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.

Harlan Bragg  
Property Owner or Agent with Power of Attorney (Signature)

AMOUNT PAID \$50 CASH / CHECK # 1826 DATE RECEIVED 8-19-25 BY MS

Acct# 161250

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### House Service Connection Ties

Address: 8 Virginia Lane

Map: 9/19

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

8/19/25  
Date

AMOUNT PAID \$50 CASH / CHECK # 1826 DATE RECEIVED 8-19-25 BY MO