

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: 8/26/25

APPLICANT / BUSINESS NAME SGI Group

SERVICE ADDRESS 91/93 Railroad Ave

MAP _____ LOT _____ SEQ. _____ ZONING DISTRICT _____ IS LOT IN CURRENT USE? Y / N _____

MAILING ADDRESS 10 Frost Rd CITY Derry STATE NH ZIP 03

PHONE 603-571-2277 CELL _____ EMAIL Jamie@SGIGROUPNH.COM

PROPERTY OWNER (IF DIFFERENT THAN ABOVE) RAILROAD PROPERTIES PHONE 603-571-2277

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) 1500

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

FIXTURE COUNT

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

PROPERTY OWNER SIGNATURE [Signature]

DATE: _____

APPLICANT / CORPORATION OFFICER SIGNATURE [Signature]

DATE: 8/26/25

CORPORATION NAME: Railroad Properties

OFFICERS NAME & TITLE (print) JAMES SACCO Manager

I, GEORGE HANNA 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)

AMOUNT PAID 1900.50 CASH / CHECK # _____ DATE RECEIVED 8-27-25 BY JR

214 RULAX 280

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



House Service Connection Ties

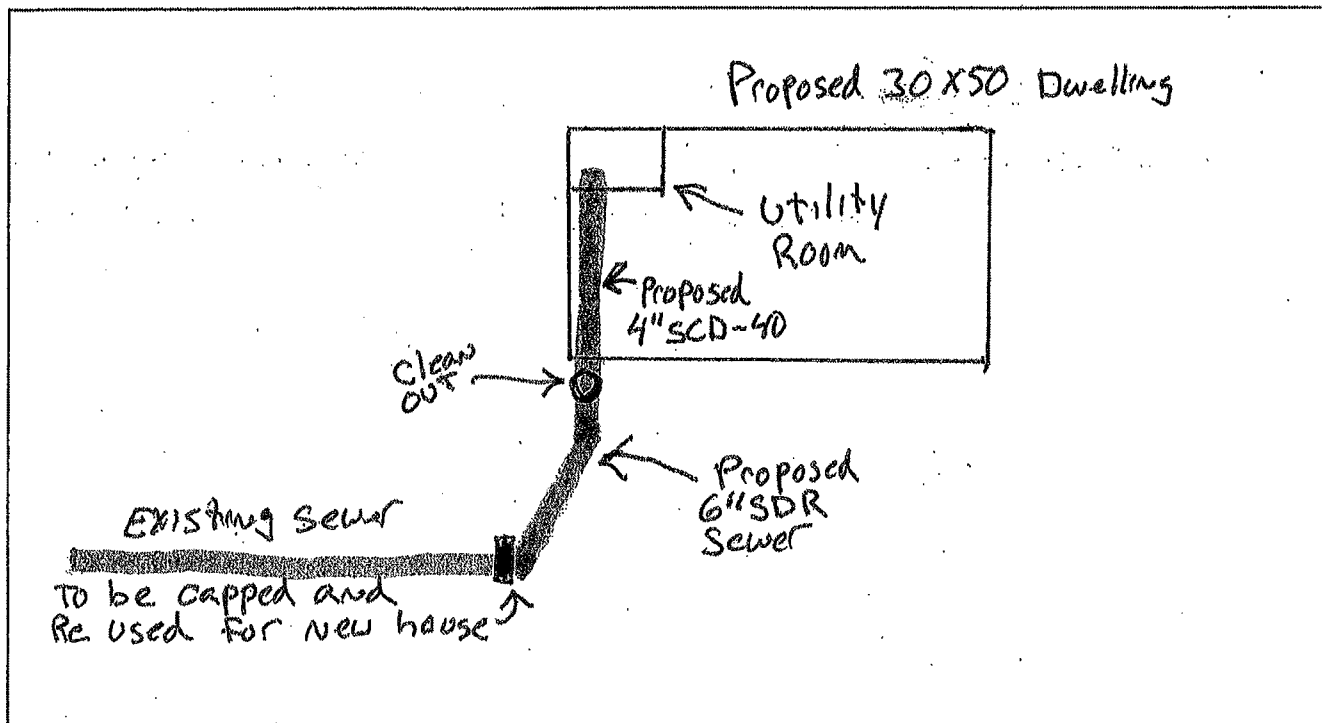
Address: _____

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

Date

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