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: 9/29/25

APPLICANT / BUSINESS NAME RMH NH LLC

SERVICE ADDRESS 319 Rte. 107

MAP 2 LOT 41 SEQ. ZONING DISTRICT IS LOT IN CURRENT USE? Y N

MAILING ADDRESS 319 New Zealand Rd. CITY Seabrook STATE NH ZIP 03874

PHONE 603-657-0412 CELL 603-657-0412 EMAIL DGuerin@eurekanh.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) 160

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

FIXTURE COUNT

BATHROOM				KITCHEN		LAUNDRY		MISC	
SHOWER/TUB COMBO		SINKS		4 SINKS		WASHING MACHINE		HOSEBIBS	
BATHTUB		TOILETS		4 DISHWASHER		SINKS		BAR SINKS	
SHOWER		URINALS		OTHER		OTHER		POOL (SIZE)	
OVERSIZED BATHTUB (EX: JACUZZI, SOAKER)		BIDET							

PROPERTY OWNER SIGNATURE DATE:

APPLICANT / CORPORATION OFFICER SIGNATURE DATE:

CORPORATION NAME: RMH NH LLC

OFFICERS NAME & TITLE (print)

I, Daniel Guerin 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.

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

AMOUNT PAID____ CASH / CHECK #____ DATE RECEIVED____ BY____

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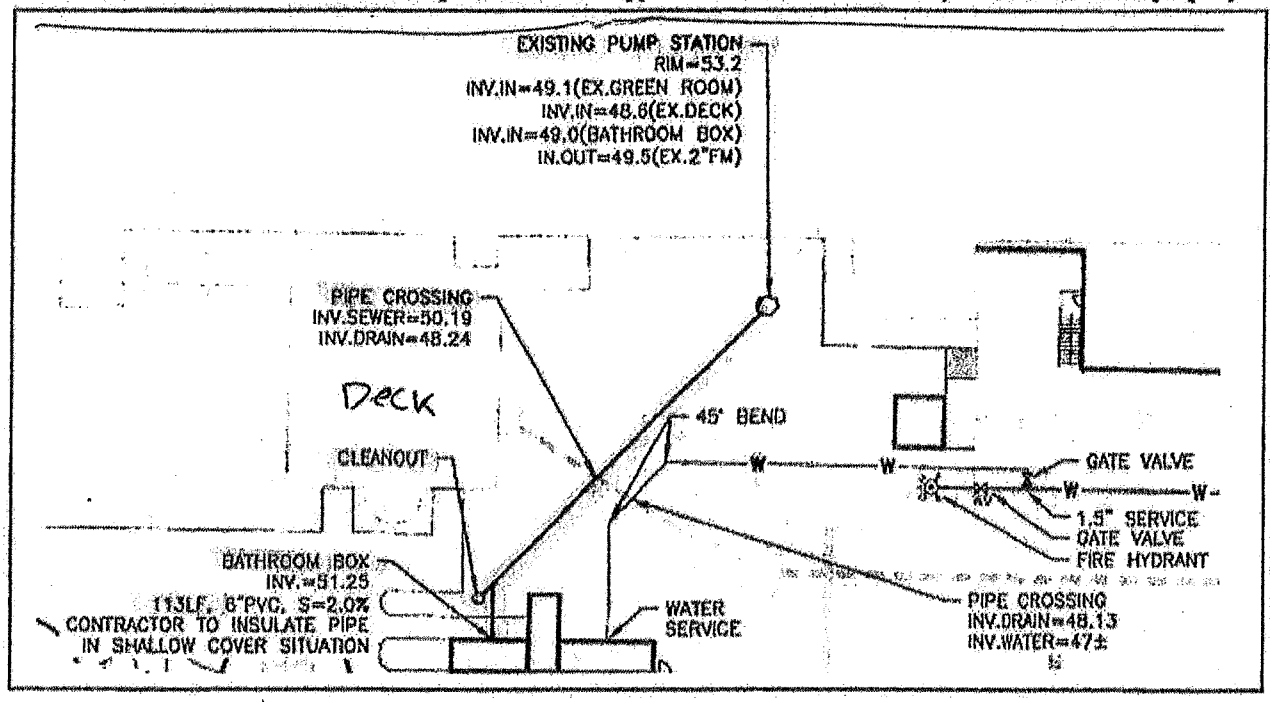
House Service Connection Ties

Address: 319 Rte. 107

Map: 2 Lot : 41 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____

REASON FOR DENIAL: _____

Sewer Superintendent 10/13/25 *Date*

Board of Sewer Commissioners

_____ *(CHAIRMAN)*

_____

_____

AMOUNT PAID 145.50 CASH / CHECK # 21444 DATE RECEIVED 10/13/25 BY _____

FOR SECURITY PURPOSES, THE FACE OF THIS DOCUMENT CONTAINS A COLORED BACKGROUND AND MICROPRINTING IN THE BORDER.

RMH NH LLC
275 MESA BLVD
MESQUITE, NV 89027

BANK OF AMERICA
MESQUITE, NEVADA 89024
94-72/1224

21444

VOID AFTER 90 DAYS 10/9/2025

**$14,570.50

PAY Fourteen Thousand Five Hundred Seventy And 50/100**********

TO THE ORDER OF TOWN OF SEABROOK
PO Box 476
SEABROOK NH 03874

Sewer Department

CHECK CONTAINS SECURITY FEATURES INCLUDING MICROPRINTING.

⑈021444⑈ ⑆122400724⑆ 501014719624⑈

FOR SECURITY PURPOSES, THE FACE OF THIS DOCUMENT CONTAINS A COLORED BACKGROUND AND MICROPRINTING IN THE BORDER.

RMH NH LLC
275 MESA BLVD
MESQUITE, NV 89027

BANK OF AMERICA
MESQUITE, NEVADA 89024
94-72/1224

21443

VOID AFTER 90 DAYS 10/9/2025

**$10,082.50

PAY Ten Thousand Eighty-two And 50/100**********

TO THE ORDER OF TOWN OF SEABROOK
PO Box 476
SEABROOK NH 03874

Water Department

CHECK CONTAINS SECURITY FEATURES INCLUDING MICROPRINTING.

⑈021443⑈ ⑆122400724⑆ 501014719624⑈