

**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: 10/7/2025

APPLICANT / BUSINESS NAME Jamesco Development

SERVICE ADDRESS 7 Andover St

MAP 21 LOT 7 SEQ. 2 ZONING DISTRICT _____ IS LOT IN CURRENT USE? Y/N _____

MAILING ADDRESS 487 Grotan Rd Unit (City Westford STATE MA ZIP 01886

PHONE 978-392-0403 CELL 978-265-6915 EMAIL Chrisfinneral@gmail.com

PROPERTY OWNER (IF DIFFERENT THAN ABOVE) Thomas Biga PHONE 801-532-8578

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) 6600+/-

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>8</u>	WASHING MACHINE	<u>1</u>	HOSEBIBS	<u> </u>
BATHTUB	<u>0</u>	TOILETS	<u>7</u>	DISHWASHER	<u>1</u>	BAR SINKS	<u>3</u>
SHOWER	<u>5</u>	URINALS	<u>0</u>	OTHER	<u>0</u>	POOL (SIZE)	<u> </u>
OVERSIZED BATHTUB (EX: JACUZZI, SOAKER)	<u>0</u>	BIDET	<u>0</u>			OUTDOOR SHOWER -	<u>2</u>

PROPERTY OWNER SIGNATURE Thomas Biga DATE: 10/07/2025

APPLICANT / CORPORATION OFFICER SIGNATURE _____ DATE: 10/7/2025

CORPORATION NAME: Jamesco Development

OFFICERS NAME & TITLE (print) Chris Finneral,

I, Thomas Biga 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.

Thomas Biga
Thomas Biga (Oct 7, 2025 12:41:18 EDT)

Property Owner or Agent with Power of Attorney (Signature)

AMOUNT PAID \$9502.50 CASH / CHECK # 18260 DATE RECEIVED 10-13-25 BY MA

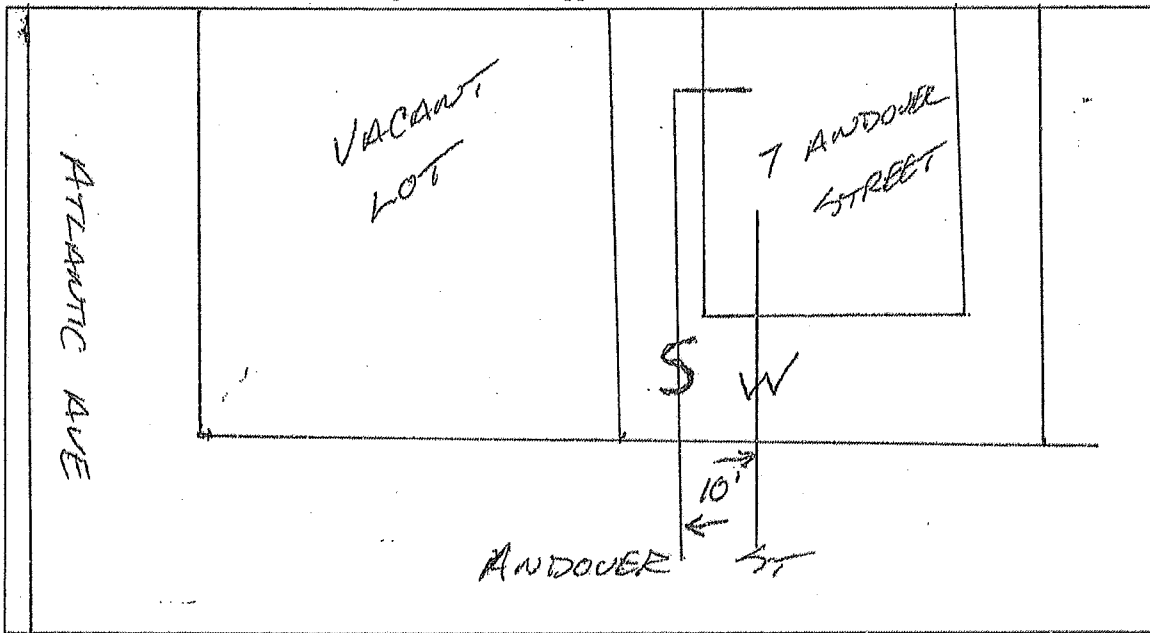
TOWN OF SEABROOK
SEWER DEPARTMENT &
WASTEWATER TREATMENT FACILITY
PO BOX 456 • WRIGHT'S ISLAND • SEABROOK, NH 03874
PHONE (603) 474-8012 • FAX (603) 474-8014



House Service Connection Ties

Address: 7 Andover St
Map: 21 Lot: 7 Seq: 2

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

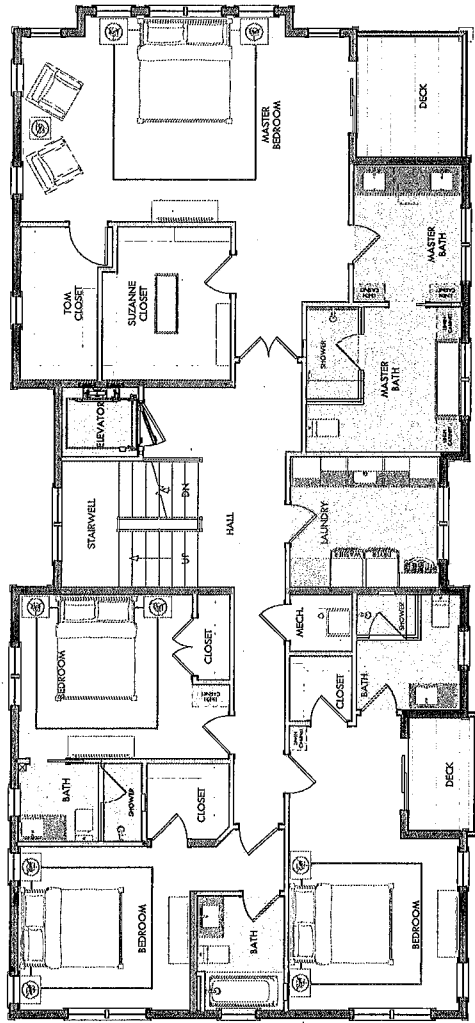
REASON FOR DENIAL: _____

(CHAIRMAN)

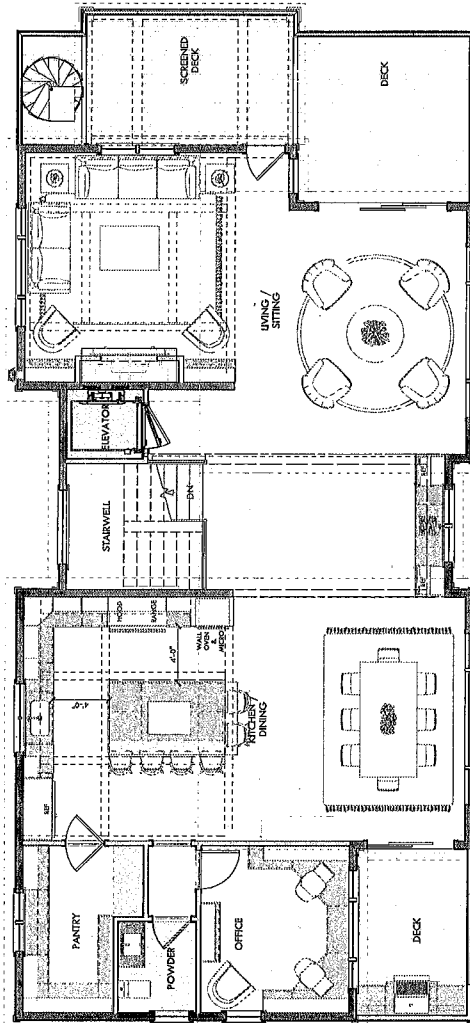

Sewer Superintendent

10/13/21
Date

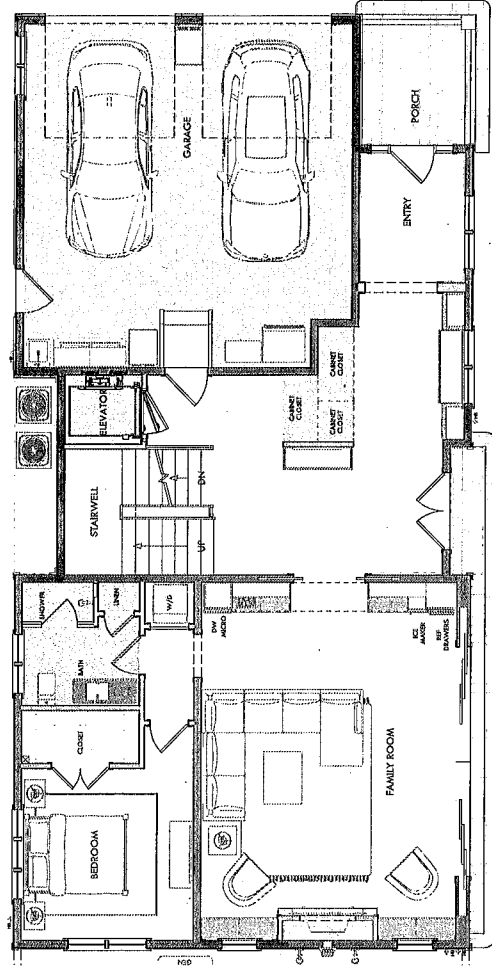
AMOUNT PAID _____ CASH / CHECK # _____ DATE RECEIVED _____ BY _____



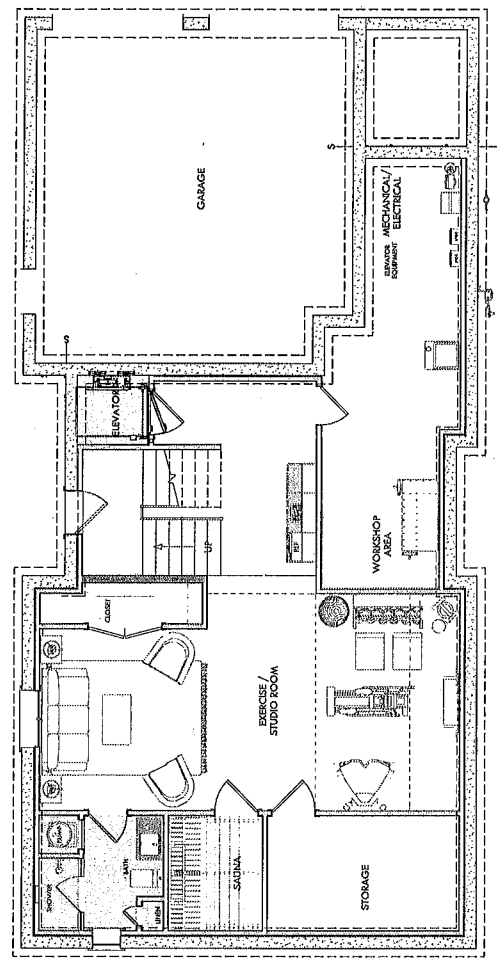
SECOND FLOOR PLAN - SCALE: 1/4" = 1'-0"
LIVING AREA
2091.50 FT



THIRD FLOOR PLAN - SCALE: 1/4" = 1'-0"
LIVING AREA
1749.50 FT



FIRST FLOOR PLAN - SCALE: 1/4" = 1'-0"
LIVING AREA
1297.50 FT



LOWER LEVEL FLOOR PLAN - SCALE: 1/4" = 1'-0"
LIVING AREA
1292.50 FT