

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: _____

APPLICANT / BUSINESS NAME _____

SERVICE ADDRESS _____

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

MAILING ADDRESS _____ CITY _____ STATE _____ ZIP _____

PHONE _____ CELL _____ EMAIL _____

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"/>	SINKS	<input type="checkbox"/>	WASHING MACHINE	<input type="checkbox"/>	HOSEBIBS	<input type="checkbox"/>
BATHTUB	<input type="checkbox"/>	TOILETS	<input type="checkbox"/>	DISHWASHER	<input type="checkbox"/>	SINKS	<input type="checkbox"/>	BAR SINKS	<input type="checkbox"/>
SHOWER	<input type="checkbox"/>	URINALS	<input type="checkbox"/>	OTHER	<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 _____ DATE: _____

APPLICANT / CORPORATION OFFICER SIGNATURE _____ DATE: _____

CORPORATION NAME: _____

OFFICERS NAME & TITLE (print) _____

I, _____ 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 _____

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 _____