



TOWN OF SEABROOK PUBLIC WATER SYSTEM

550 Route 107 ~ PO Box 456, Seabrook, NH 03874
Phone: (603) 474-9921 Fax: (603) 474-3399

WATER SERVICE APPLICATION

APPLICANT INFO SAME AS LANDOWNER? YES NO

DATE: 11-5-19

APPLICANT NAME/CORPORATION <u>CARLOTTA LEWIS</u>		
APPLICANT ADDRESS <u>71 CAUSEWAY ST</u>	HOME PHONE <u>603 474-3300</u>	
CITY <u>SEABROOK</u>	ZIP CODE <u>NH 03874</u>	WORK/OTHER PHONE
E-MAIL ADDRESS OF APPLICANT <u>CARLIE43@COMCAST.NET</u>		

LANDOWNER/BILLING NAME		
BILLING ADDRESS	HOME PHONE	
CITY	ZIP CODE	WORK/OTHER PHONE
E-MAIL ADDRESS OF LANDOWNER		

SERVICE ADDRESS: <u>71 CAUSEWAY ST.</u>	ASSESSOR'S MAP-LOT-SEQ <u>13-65-0</u>			
TYPE OF CONSTRUCTION: (Check All That Apply)				
<input checked="" type="checkbox"/> MOBILE/MANUFACTURED HOME	<input type="checkbox"/> NEW CONSTRUCTION	<input type="checkbox"/> RESIDENTIAL	<input type="checkbox"/> MULTI-FAMILY	<input type="checkbox"/> CONDO
<input type="checkbox"/> COMMERCIAL	<input type="checkbox"/> INDUSTRIAL	OTHER (Please Describe) <u>REPLACED WATERLINE</u>		
*UNDER 'ADDITIONAL COMMENTS' SECTION, LIST NO. OF BUILDINGS AND NO. OF UNITS IN EACH BUILDING, IF APPLICABLE				

NO. OF STORIES IN BUILDING: <u>1</u>	BUILDING SIZE IN SQUARE FEET: <u>1404</u>	TOTAL PARCEL AREA IN SQUARE FEET: _____	
FIRE DEPARTMENT REQUIREMENTS	<input checked="" type="checkbox"/> NONE	<input type="checkbox"/> SPRINKLE ALL	<input type="checkbox"/> SPRINKLE GARAGE ONLY
FIRE HYDRANTS REQUIRED	<input checked="" type="checkbox"/> NONE	PUBLIC (NO. OF HYDRANTS _____) PRIVATE (NO. OF HYDRANTS _____)	
IS THERE A WELL ON THE PROPERTY?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	USING RECYCLED WATER? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
WILL A PUMP BE USED TO BOOST PRESSURE?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	YES - DOMESTIC SERVICE <input checked="" type="checkbox"/> NO
WILL THERE BE LANDSCAPE IRRIGATION?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	IF YES, NUMBER OF SPRINKLER HEADS: _____
FLOW OF EACH SPRINKLER HEAD IN GPM: _____	TOTAL IRRIGATED AREA IN SQUARE FEET: _____		
IF NON-RESIDENTIAL, DESCRIBE BUSINESS TYPE OR USAGE OF LOT: _____			

SERVICES - LIST ALL REQUIRED PER PARCEL

POTABLE OR RECYCLED	SERVICE USE (RESIDENTIAL, FIRE, IRRIGATION, ETC.)	LATERAL SIZE	METER SIZE	MAX DEMAND IN GPM	ANTICIPATED DATE OF METER INSTALLATION
<u>POTABLE</u>	<u>RESIDENTIAL</u>		<u>5/8</u>		

FIXTURE UNIT COUNT - COMPLETE THE QUANTITY OF THE FOLLOWING

BATHROOM:		KITCHEN:		LAUNDRY ROOM:		MISC/OTHER:	
TUBS/SHOWERS	<u>1</u>	DISHWASHERS	<u>1</u>	CLOTHES WASHERS	<u>1</u>	HOSEBIBS	
TUBS ONLY		SINKS	<u>1</u>	SINKS		BAR SINKS	
SHOWERS ONLY						POOL (SIZE: _____)	
SINKS	<u>1</u>					DESCRIBE:	
JACUZZI TUBS							
TOILETS	<u>1</u>						
URINALS							
BIDETS							

ADDITIONAL COMMENTS (IF APPLICABLE, LIST NO. OF BUILDINGS AND NO. IN EACH BUILDING) _____

LAND OWNER'S SIGNATURE Carlotta Lewis DATE 11-15-19

By signing above, I agree I will not hold the Seabrook Water Department responsible for any damages to my property, which may be incurred during, or as a result of the water installation.
****ALSO: THIS APPLICATION WILL EXPIRE 2 YEARS AFTER APPROVAL BY THE BOARD OF SELECTMEN and THE FEE WILL BE NONREFUNDABLE**

CORPORATION NAME _____ OFFICER'S NAME & TITLE (PRINT) _____

APPLICANT/CORPORATION'S OFFICER SIGNATURE Carlotta Lewis DATE 11-15-19



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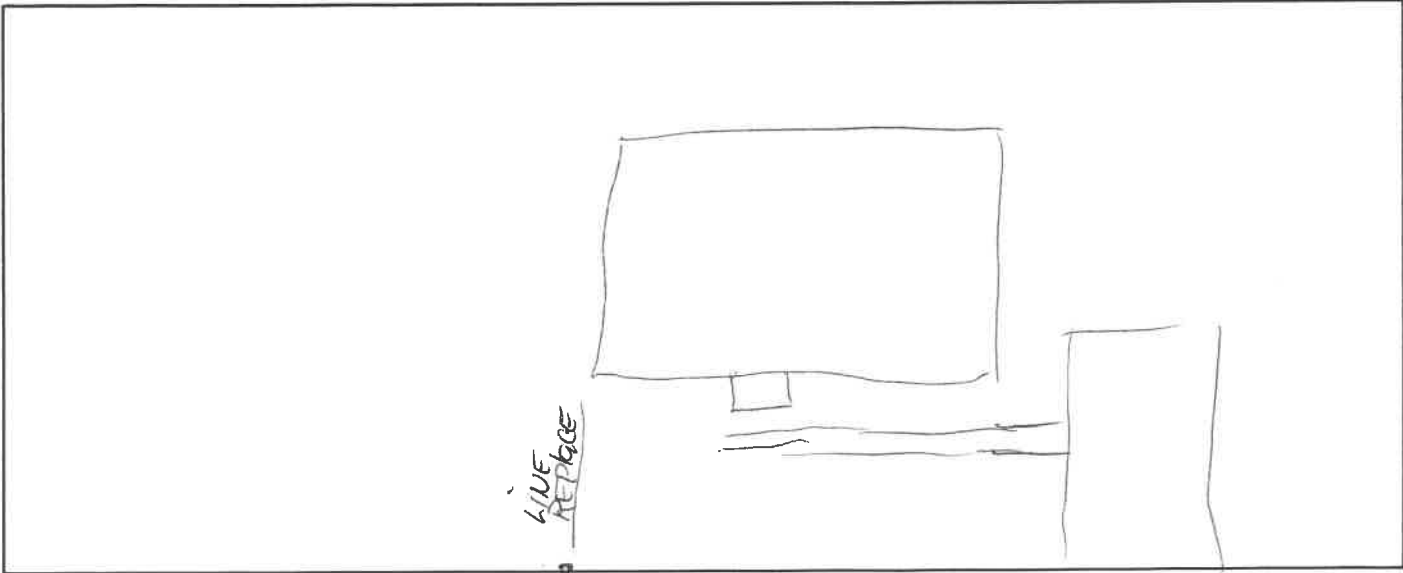
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WATER SERVICE APPLICATION

Service Connection Ties

Address: 71 CARSEWAY ST SEABROOK NH

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 sewer 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. Water lines are required to be inspected by the Water Department before backfilling.

-OFFICE USE ONLY-

GRANTED ___ DENIED ___ DATE _____

Board of Water Commissioners

REASON FOR DENIAL: _____

(Chairman)

Cat Skyles

11/19/19

Water Superintendent

Date

AMOUNT PAID: BILLED

CASH/CHECK # _____

BY _____

\$ 100.00