



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: 11/1/19

APPLICANT NAME/CORPORATION Kye Knot Holdings LLC		
APPLICANT ADDRESS 19A Batchelder Rd.	HOME PHONE	
CITY Seabrook	ZIP CODE 03874	WORK/OTHER PHONE
E-MAIL ADDRESS OF APPLICANT chris@cmrafusa.com		

LANDOWNER/BILLING NAME Kye Knot Holdings LLC		
BILLING ADDRESS 19 Hedge Rd. #3	HOME PHONE	
CITY Seabrook, NH	ZIP CODE 03874	WORK/OTHER PHONE 603.514.1558
E-MAIL ADDRESS OF LANDOWNER chris@cmrafusa.com		

SERVICE ADDRESS: 19 A Batchelder Rd.	ASSESSOR'S MAP-LOT-SEQ: 5-13-1
TYPE OF CONSTRUCTION: (Check All That Apply)	NEW CONSTRUCTION <input checked="" type="checkbox"/> RESIDENTIAL SINGLE FAMILY MULTI-FAMILY CONDO
MOBILE/MANUFACTURED HOME COMMERCIAL <input checked="" type="checkbox"/> INDUSTRIAL OTHER (Please Describe)	
*UNDER 'ADDITIONAL COMMENTS' SECTION, LIST NO. OF BUILDINGS AND NO. OF UNITS IN EACH BUILDING, IF APPLICABLE	

NO. OF STORIES IN BUILDING: 1	BUILDING SIZE IN SQUARE FEET: 500	TOTAL PARCEL AREA IN SQUARE FEET: 77,674
FIRE DEPARTMENT REQUIREMENTS	NONE <input type="checkbox"/> SPRINKLE ALL <input type="checkbox"/> SPRINKLE GARAGE ONLY <input type="checkbox"/>	
FIRE HYDRANTS REQUIRED	NONE <input type="checkbox"/> PUBLIC (NO. OF HYDRANTS) PRIVATE (NO. OF HYDRANTS)	
IS THERE A WELL ON THE PROPERTY?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> USING RECYCLED WATER? YES <input type="checkbox"/> NO <input type="checkbox"/>	
WILL A PUMP BE USED TO BOOST PRESSURE?	YES - FIRE SERVICE YES - DOMESTIC SERVICE NO	
WILL THERE BE LANDSCAPE IRRIGATION?	YES <input checked="" type="checkbox"/> 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
potable	commercial		5/8"		??

FIXTURE UNIT COUNT - COMPLETE THE QUANTITY OF THE FOLLOWING							
BATHROOM:		KITCHEN:		LAUNDRY ROOM:		MISC/OTHER:	
TUBS/SHOWERS	JACUZZI TUBS	DISHWASHERS	CLOTHES WASHERS		HOSEBIBS		
TUBS ONLY	TOILETS 1	SINKS	SINKS		BAR SINKS		
SHOWERS ONLY	URINALS				POOL (SIZE:)		
SINKS 1	BIDETS				DESCRIBE:		

ADDITIONAL COMMENTS (IF APPLICABLE, LIST NO. OF BUILDINGS AND NO. IN EACH BUILDING)
Self Storage Facility w/ small office and one bathroom

LAND OWNER'S SIGNATURE DATE

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) Christopher Racusa

APPLICANT/CORPORATION'S OFFICER SIGNATURE DATE 11/5/19



TOWN OF SEABROOK PUBLIC WATER SYSTEM

550 Route 107 ~ PO Box 456, Seabrook, NH 03874

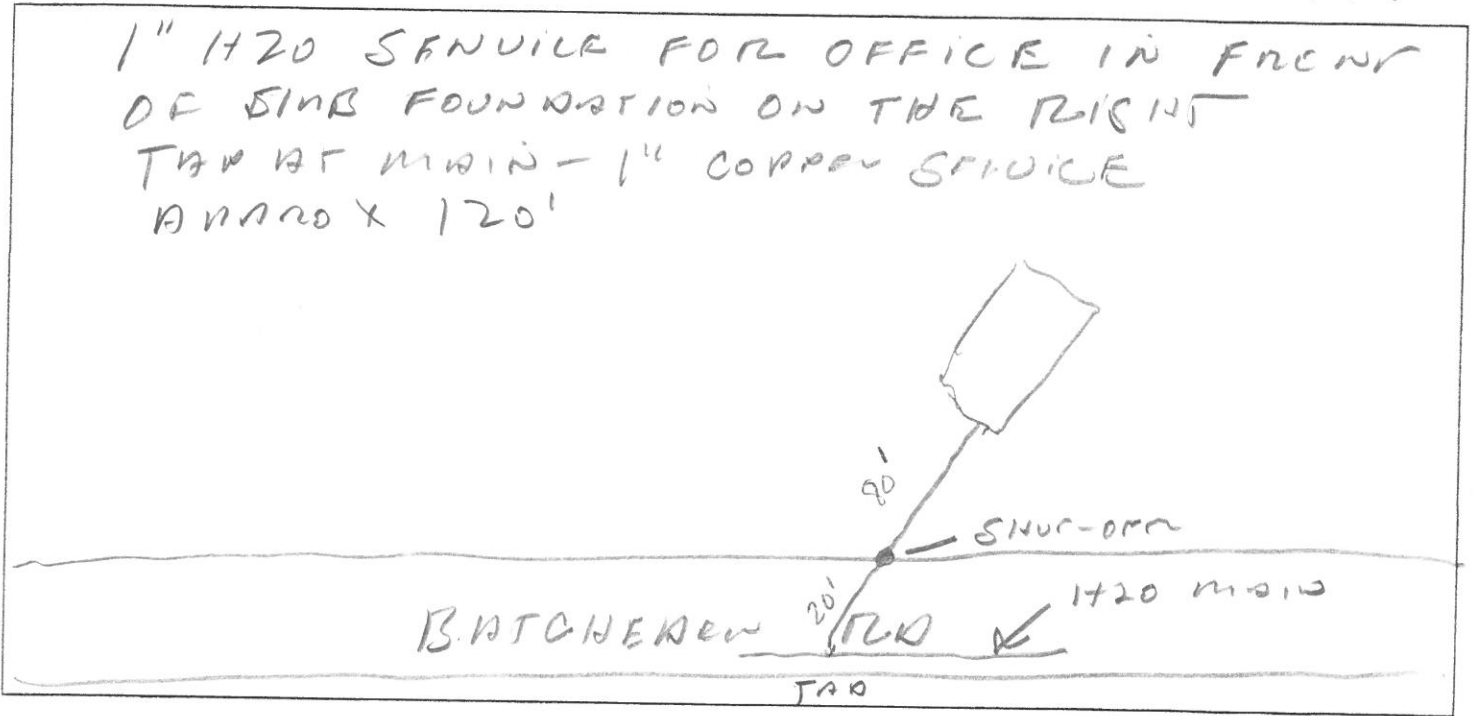
Phone: (603) 474-9921 Fax: (603) 474-3399

WATER SERVICE APPLICATION

Service Connection Ties

Address: 19A Batchelder Rd

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)

Eric Stryker

Water Superintendent

11/11/19

Date

AMOUNT PAID: 1,300.00

CASH/CHECK # 018

DATE RECEIVED 11-5-19

BY S.G.