



# 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: 10-28-19

APPLICANT NAME/CORPORATION: SCALLEY FAMILY IRREVOCABLE TRUST

APPLICANT ADDRESS: 255 ASHLAND ST. SEABROOK NH 03874

HOME PHONE: 603-474-2896

WORK/OTHER PHONE: 603-474-5353

MAIL ADDRESS OF APPLICANT: JANICESCALEY@GMAIL.COM

LANDOWNER/BILLING NAME: JANICE SCALLEY CALEY - TRUSTEE

BILLING ADDRESS: 26 VALLEY RD WOBURN, MA 01801

HOME PHONE: 978-935-2320

WORK/OTHER PHONE: 978-935-5639

E-MAIL ADDRESS OF LANDOWNER: JANICESCALEY@GMAIL.COM

SERVICE ADDRESS: 256 ASHLAND ST. SEABROOK NH 03874

ASSESSOR'S MAP-LOT-SEQ: 20-255

TYPE OF CONSTRUCTION: (Check All That Apply)  NEW CONSTRUCTION  RESIDENTIAL  MULTI-FAMILY  CONDO

MOBILE/MANUFACTURED HOME  COMMERCIAL  INDUSTRIAL  OTHER (Please Describe) EMERGENCY LEAK

\*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: 26X34

TOTAL PARCEL AREA IN SQUARE FEET: .11 ACRE

DEPARTMENT REQUIREMENTS:  NONE  SPRINKLE ALL  SPRINKLE GARAGE ONLY

HYDRANTS REQUIRED:  NONE  PUBLIC (NO. OF HYDRANTS)  PRIVATE (NO. OF HYDRANTS) N/A

THERE A WELL ON THE PROPERTY?  YES  NO

USING RECYCLED WATER?  YES  NO

WILL A PUMP BE USED TO BOOST PRESSURE?  YES - FIRE SERVICE  YES - DOMESTIC SERVICE  NO

WILL THERE BE LANDSCAPE IRRIGATION?  YES  NO

IF YES, NUMBER OF SPRINKLER HEADS: \_\_\_\_\_

FLOW OF EACH SPRINKLER HEAD IN GPM: \_\_\_\_\_

TOTAL IRRIGATED AREA IN SQUARE FEET: \_\_\_\_\_

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	RESIDENTIAL		5/8		CURRENTLY IN ESTABLISHED

### FIXTURE UNIT COUNT - COMPLETE THE QUANTITY OF THE FOLLOWING

<b>BATHROOM:</b>		<b>KITCHEN:</b>		<b>LAUNDRY ROOM:</b>		<b>MISC/OTHER:</b>	
TUBS/SHOWERS: 1	JACUZZI TUBS: 0	DISHWASHERS: 1	CLOTHES WASHERS: 1	HOSE BIBS: 0	BAR SINKS: 0	POOL (SIZE: _____): 0	DESCRIBE: _____
SHOWERS ONLY: 1	URINALS: 0	BIDETS: 0					
SINKS: 1							

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

LAND OWNER'S SIGNATURE: *Janice Scalley Caley* DATE: 10-28-19

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: *Janice Scalley Caley* DATE: 10-28-19

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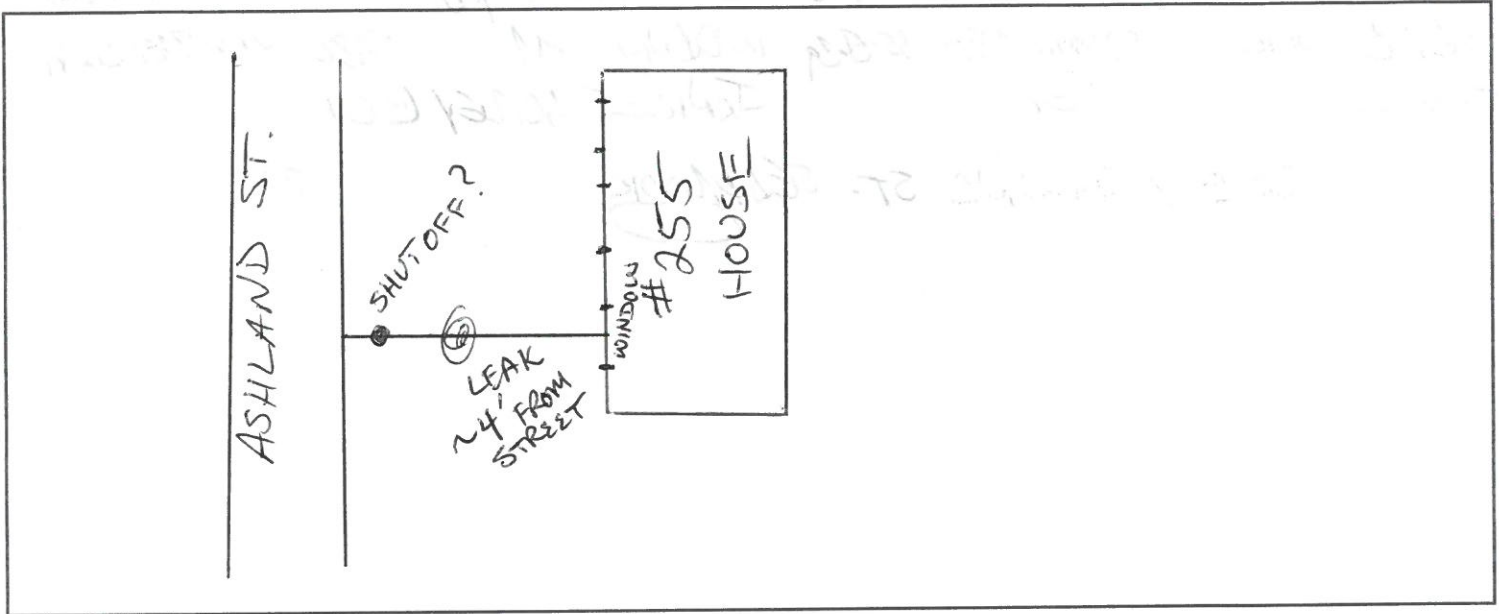
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## WATER SERVICE APPLICATION

### Service Connection Ties

Address: 255 ASHLAND 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*

10/31/19

Water Superintendent

Date

AMOUNT PAID: \$ 100.00

CASH/CHECK # 581

10-31-19

BY S.G.