



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: 1-21-20

APPLICANT NAME/CORPORATION <u>139 Folly Mill Rd LLC cell</u>		
APPLICANT ADDRESS <u>139 Folly Mill Rd</u>	HOME PHONE <u>978-815-4681</u>	WORK/OTHER PHONE <u>474-1111</u>
CITY <u>Seabrook</u>	ZIP CODE <u>03874</u>	
E-MAIL ADDRESS OF APPLICANT <u>Chris@CRElectronics.com</u>		

LANDOWNER/BILLING NAME <u>139 Folly Mill Rd LLC</u>		
BILLING ADDRESS <u>PO Box 1598</u>	HOME PHONE <u>SAME</u>	WORK/OTHER PHONE <u>SAME</u>
CITY <u>Seabrook</u>	ZIP CODE <u>03874</u>	
E-MAIL ADDRESS OF LANDOWNER <u>Paul@AlltechUSA.NET</u>		

SERVICE ADDRESS: <u>139 Folly Mill Rd Bldg B</u>	ASSESSOR'S MAP-LOT-SEQ <u>9-228-0</u>			
TYPE OF CONSTRUCTION: (Check All That Apply)				
<input type="checkbox"/> NEW CONSTRUCTION	<input type="checkbox"/> RESIDENTIAL	<input type="checkbox"/> SINGLE FAMILY	<input type="checkbox"/> MULTI-FAMILY	<input type="checkbox"/> CONDO
<input type="checkbox"/> MOBILE/MANUFACTURED HOME	<input type="checkbox"/> COMMERCIAL	<input type="checkbox"/> INDUSTRIAL	<input checked="" type="checkbox"/> OTHER (Please Describe <u>Change to existing</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>15,000</u>	TOTAL PARCEL AREA IN SQUARE FEET: _____	
FIRE DEPARTMENT REQUIREMENTS	<input type="checkbox"/> NONE	<input checked="" type="checkbox"/> SPRINKLE ALL	<input type="checkbox"/> SPRINKLE GARAGE ONLY
FIRE HYDRANTS REQUIRED	<input type="checkbox"/> NONE	PUBLIC (NO. OF HYDRANTS _____)	PRIVATE (NO. OF HYDRANTS <u>1</u>)
IS THERE A WELL ON THE PROPERTY?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	USING RECYCLED WATER? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
WILL A PUMP BE USED TO BOOST PRESSURE?	<input type="checkbox"/> YES - FIRE SERVICE	<input type="checkbox"/> 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>COMM</u>		<u>2"</u>		

FIXTURE UNIT COUNT - COMPLETE THE QUANTITY OF THE FOLLOWING

BATHROOM:		KITCHEN:		LAUNDRY ROOM:		MISC/OTHER:	
TUBS/SHOWERS	<input type="checkbox"/>	DISHWASHERS	<input type="checkbox"/>	CLOTHES WASHERS	<input type="checkbox"/>	HOSEBIBS	<input type="checkbox"/>
TUBS ONLY	<input type="checkbox"/>	SINKS	<u>1</u>	SINKS	<input type="checkbox"/>	BAR SINKS	<input type="checkbox"/>
SHOWERS ONLY	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	POOL (SIZE: _____)	<input type="checkbox"/>
SINKS	<u>2</u>		<input type="checkbox"/>		<input type="checkbox"/>	DESCRIBE:	<input type="checkbox"/>
JACUZZI TUBS	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
TOILETS	<u>2</u>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
URINALS	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
BIDETS	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>

ADDITIONAL COMMENTS (IF APPLICABLE, LIST NO. OF BUILDINGS AND NO. IN EACH BUILDING) REMOVING 1" METER AND INSTALLING 2" METER.

LAND OWNER'S SIGNATURE Cheryl Rahl Member DATE 1-21-20
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 Cheryl Rahl Member DATE 1-21-20



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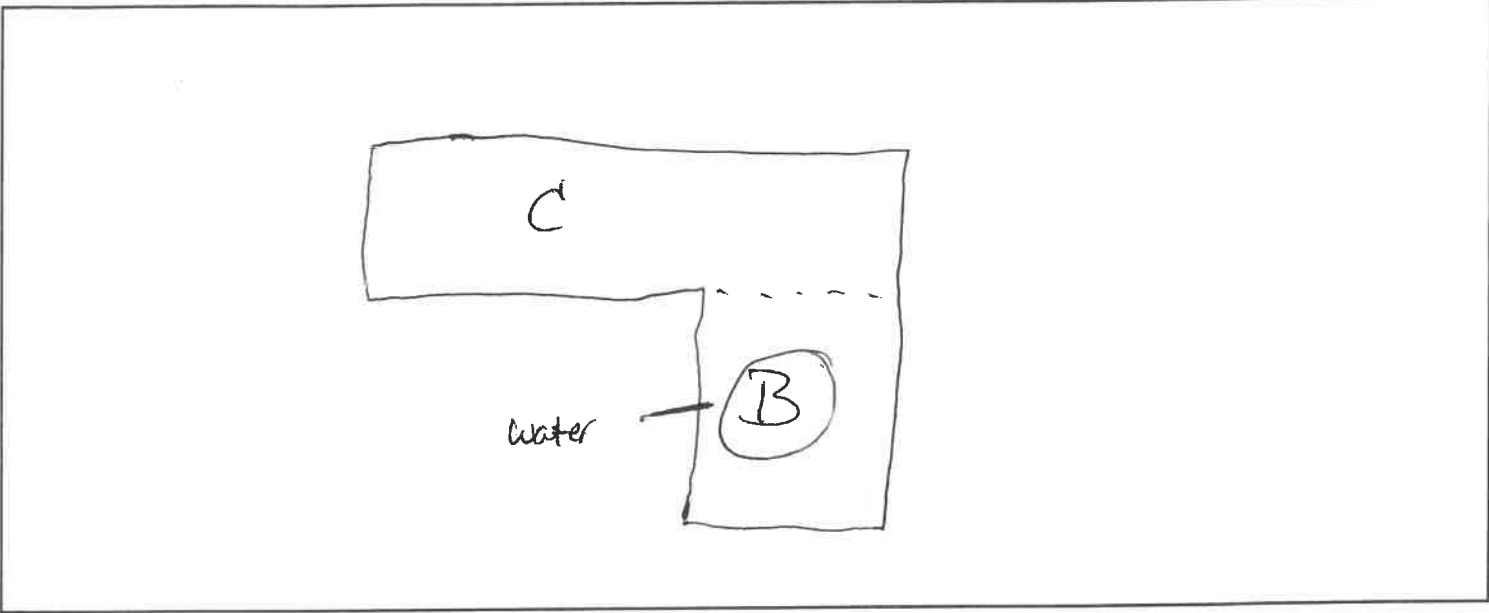
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WATER SERVICE APPLICATION

Service Connection Ties

Address: 139 B Folly Mill 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)

Curt Slayton

1/22/2020

Water Superintendent

Date

AMOUNT PAID: 50.00

CASH/CHECK # 1715

1-21-20

BY S.G.