



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: 1-24-2020

APPLICANT NAME/CORPORATION <u>Amanda Taylor</u>		
APPLICANT ADDRESS <u>516 Farm Ln.</u>		HOME PHONE <u>603-997-2531</u>
CITY <u>Seabrook</u>	ZIP CODE <u>03874</u>	WORK/OTHER PHONE <u>603-964-3313</u>
E-MAIL ADDRESS OF APPLICANT <u>hairdo142@gmail.com</u>		

LANDOWNER/BILLING NAME <u>Amanda Taylor</u>		
BILLING ADDRESS <u>PO Box 44</u>		HOME PHONE <u>603-997-2531</u>
CITY <u>Seabrook</u>	ZIP CODE <u>03874</u>	WORK/OTHER PHONE <u>603-964-3313</u>
E-MAIL ADDRESS OF LANDOWNER <u>hairdo142@gmail.com</u>		

SERVICE ADDRESS: <u>516 Farm Ln.</u>	ASSESSOR'S MAP-LOT-SEQ: <u>13 516-1(A)</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"/> SINGLE FAMILY	<input type="checkbox"/> MULTI-FAMILY	<input type="checkbox"/> CONDO
<input type="checkbox"/> COMMERCIAL	<input type="checkbox"/> INDUSTRIAL	<input type="checkbox"/> 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: <u>1</u>	BUILDING SIZE IN SQUARE FEET: <u>1710</u>	TOTAL PARCEL AREA IN SQUARE FEET: <u>516,8105</u>	
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?	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>	USING RECYCLED WATER? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
WILL A PUMP BE USED TO BOOST PRESSURE?	YES - FIRE SERVICE <input type="checkbox"/>	YES - DOMESTIC SERVICE <input type="checkbox"/>	NO <input checked="" type="checkbox"/>
WILL THERE BE LANDSCAPE IRRIGATION?	YES <input type="checkbox"/>	NO <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
<u>potable</u>	<u>residential</u>	<u>-</u>	<u>5/8"</u>	<u>-</u>	

FIXTURE UNIT COUNT - COMPLETE THE QUANTITY OF THE FOLLOWING

BATHROOM:		KITCHEN:		LAUNDRY ROOM:		MISC/OTHER:			
TUBS/SHOWERS	<u>1</u>	JACUZZI TUBS	<u>0</u>	DISHWASHERS	<u>1</u>	CLOTHES WASHERS	<u>1</u>	HOSEBIBS	<u>2</u>
TUBS ONLY	<u>0</u>	TOILETS	<u>2</u>	SINKS	<u>1</u>	SINKS	<u>1</u>	BAR SINKS	<u>0</u>
SHOWERS ONLY	<u>1</u>	URINALS	<u>0</u>		<u>0</u>		<u>0</u>	POOL (SIZE: _____)	<u>0</u>
SINKS	<u>3</u>	BIDETS	<u>0</u>		<u>0</u>		<u>0</u>	DESCRIBE: _____	

ADDITIONAL COMMENTS (IF APPLICABLE, LIST NO. OF BUILDINGS AND NO. IN EACH BUILDING) already one long standing residence w/ running water at this address

LAND OWNER'S SIGNATURE Amanda Taylor DATE 1-24-2020

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 Amanda Taylor DATE 1-24-2020



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

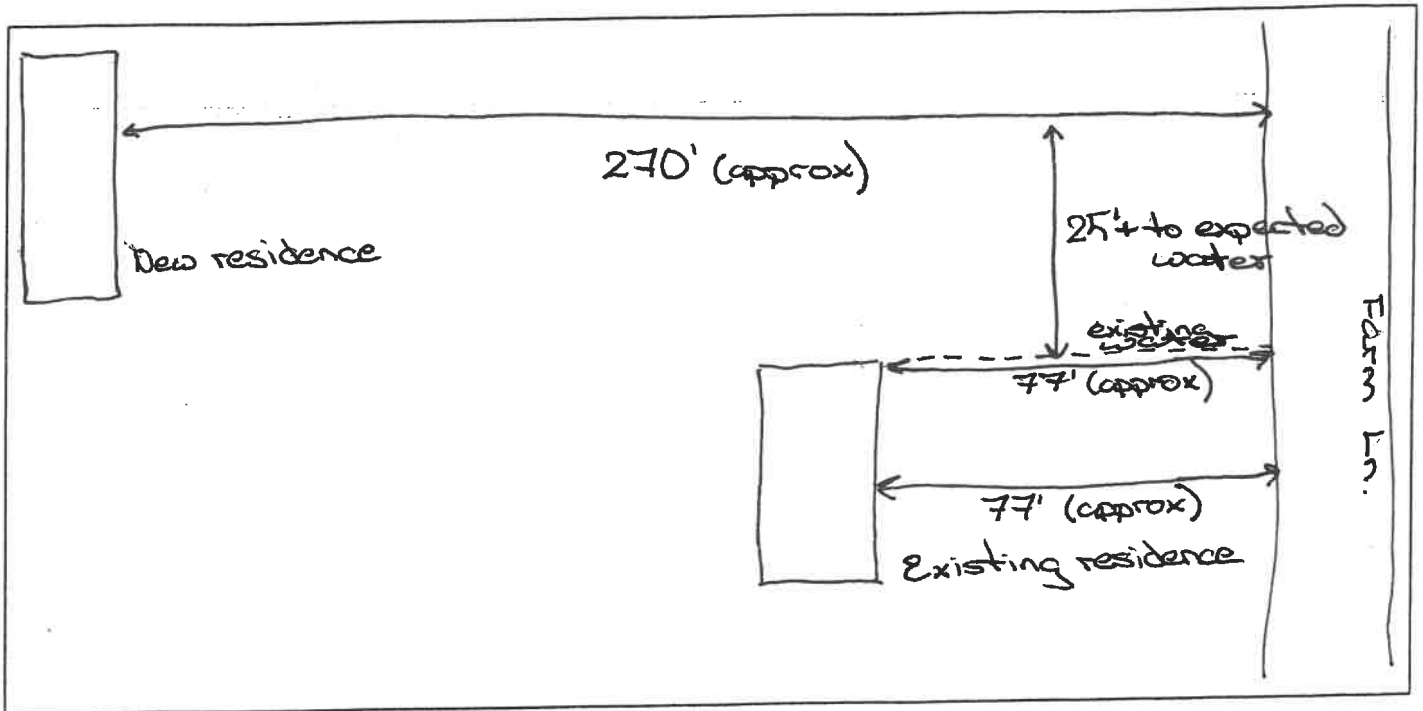
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WATER SERVICE APPLICATION

Service Connection Ties

Address: 520 Farm Ln. Seabrook, NH 03874

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 Sturtevant

Water Superintendent

1/27/2020

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Date

AMOUNT PAID: 1,300.00 CASH/CHECK # 459 DATE RECEIVED 1-24-20 BY S.6