



# 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: 12/20/19

APPLICANT NAME/CORPORATION Tullison Realty	
APPLICANT ADDRESS 92 Hilldale Ave	HOME PHONE 978-836-9426
CITY S. Hampton	ZIP CODE 03827
E-MAIL ADDRESS OF APPLICANT rtully@teecelectric.com	

LANDOWNER/BILLING NAME Tullison Realty	
BILLING ADDRESS 92 Hilldale Ave	HOME PHONE same
CITY S. Hampton	ZIP CODE 03827
E-MAIL ADDRESS OF LANDOWNER same	

SERVICE ADDRESS: 8 Chase Park Rd - D	ASSESSOR'S MAP-LOT-SEQ 4-16-0
TYPE OF CONSTRUCTION: (Check All That Apply) <input checked="" 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 checked="" type="checkbox"/> COMMERCIAL <input type="checkbox"/> INDUSTRIAL <input type="checkbox"/> OTHER (Please Describe _____) <small>*UNDER 'ADDITIONAL COMMENTS' SECTION, LIST NO. OF BUILDINGS AND NO. OF UNITS IN EACH BUILDING, IF APPLICABLE</small>	

NO. OF STORIES IN BUILDING: 1	BUILDING SIZE IN SQUARE FEET: 10,800	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 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?    YES    NO
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: Warehouse Space / contractor bays		

### 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			5/8"		

### 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	JACUZZI TUBS	DISHWASHERS	SINKS	CLOTHES WASHERS	SINKS	HOSEBIBS	
TUBS ONLY	TOILETS <input checked="" type="checkbox"/>					BAR SINKS	
SHOWERS ONLY	URINALS					POOL (SIZE: _____)	
SINKS <input checked="" type="checkbox"/>	BIDETS					DESCRIBE:	

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

LAND OWNER'S SIGNATURE *[Signature]*

DATE 12/20/19

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

*[Signature]*

DATE 12/20/19



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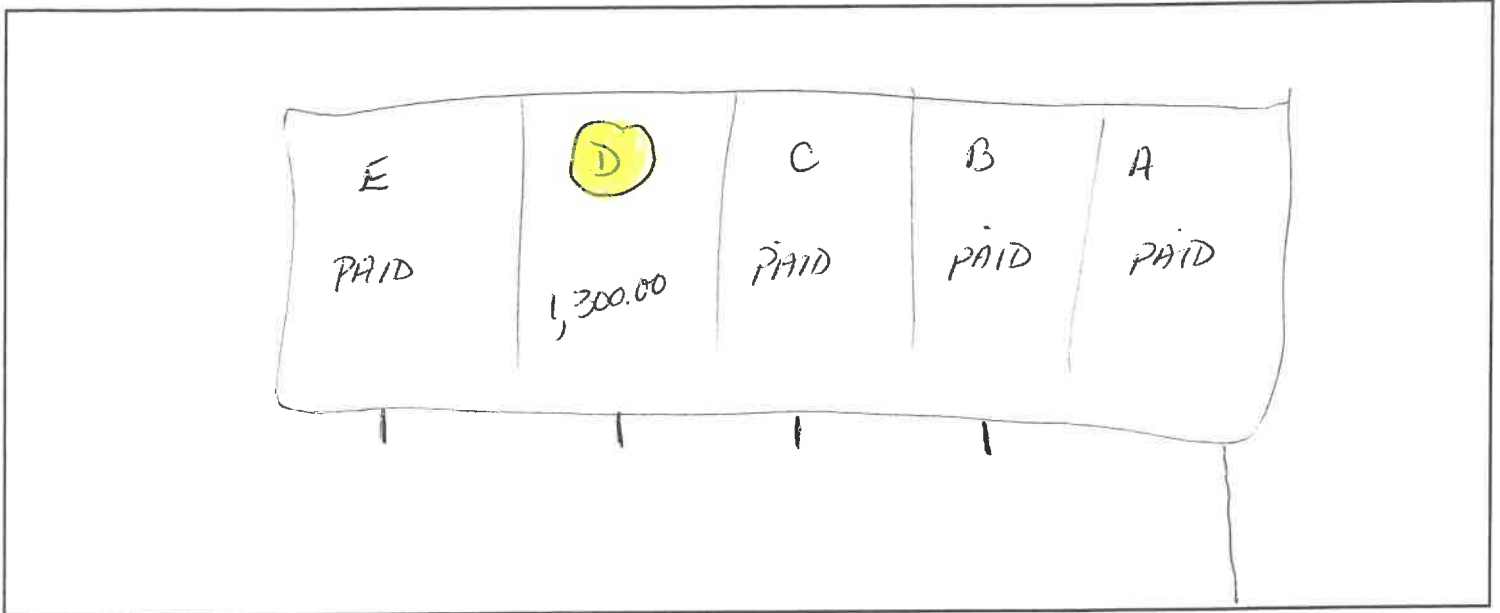
**WATER SERVICE APPLICATION**

**Service Connection Ties**

Address: \_\_\_\_\_

Chase Park 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 Stutz

12/20/19

Water Superintendent

Date

AMOUNT PAID: 1,300<sup>00</sup>

CASH/CHECK # 1069

12/20/19

BY EW