



# 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: 12/27/19

APPLICANT NAME/CORPORATION James Mazzola			LANDOWNER/BILLING NAME James Mazzola SALT		
APPLICANT ADDRESS 8 Linden Ln		HOME PHONE	BILLING ADDRESS 8 Linden Lane		HOME PHONE
CITY Hampton NH	ZIP CODE 03842	WORK/OTHER PHONE	CITY Hampton NH	ZIP CODE 03842	WORK/OTHER PHONE
E-MAIL ADDRESS OF APPLICANT			E-MAIL ADDRESS OF LANDOWNER mazzola22@gmail.com		

SERVICE ADDRESS: 8A Foggs Ln ASSESSOR'S MAP-LOT-SEQ 7-3-11

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

MOBILE/MANUFACTURED HOME  COMMERCIAL  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: 3 BUILDING SIZE IN SQUARE FEET: 2000 TOTAL PARCEL AREA IN SQUARE FEET: 30,000

FIRE DEPARTMENT REQUIREMENTS  NONE  SPRINKLE ALL  SPRINKLE GARAGE ONLY

FIRE HYDRANTS REQUIRED  NONE  PUBLIC (NO. OF HYDRANTS) PRIVATE (NO. OF HYDRANTS)

IS THERE A WELL ON THE PROPERTY? YES  NO  USING RECYCLED WATER? YES  NO

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

WILL THERE BE LANDSCAPE IRRIGATION? YES  NO  IF YES, NUMBER OF SPRINKLER HEADS: 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	residential	-	5/8"	-	

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

BATHROOM:		KITCHEN:		LAUNDRY ROOM:		MISC/OTHER:	
TUBS/SHOWERS	1	JACUZZI TUBS		DISHWASHERS	1	CLOTHES WASHERS	1
TUBS ONLY		TOILETS	3	SINKS		SINKS	
SHOWERS ONLY	1	URINALS				POOL (SIZE:)	
SINKS	4	BIDETS				DESCRIBE:	
							2

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

LAND OWNER'S SIGNATURE

DATE 12-25-19

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

DATE 12-27-19



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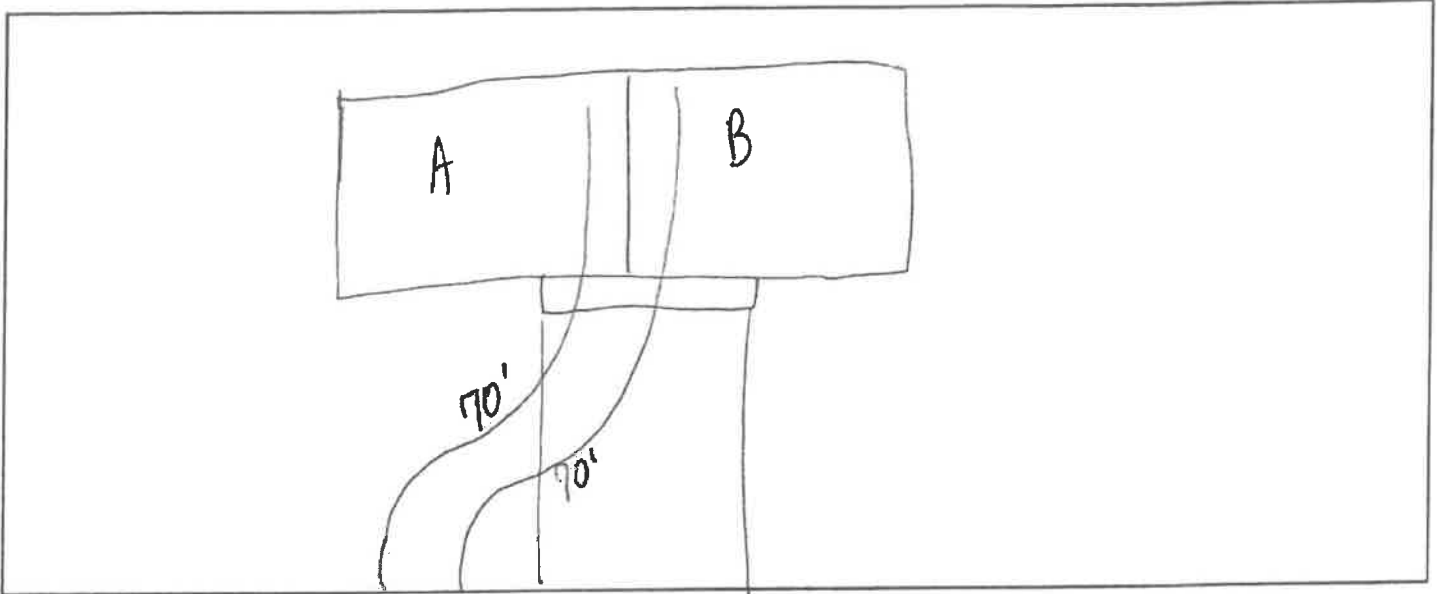
**WATER SERVICE APPLICATION**

**Service Connection Ties**

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

83A Foggs Ln

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 Skyles*

12/27/19

Water Superintendent

Date

AMOUNT PAID: 1300<sup>00</sup>

CASH/CHECK # 789

12/27/19

BY EW