



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 <u>James Mazzola</u>			
APPLICANT ADDRESS <u>8 Linden Ln</u>		HOME PHONE	
CITY <u>Hampton NH</u>	ZIP CODE <u>03842</u>	WORK/OTHER PHONE	
E-MAIL ADDRESS OF APPLICANT			

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

SERVICE ADDRESS: <u>83B FOGGS LN</u>	ASSESSOR'S MAP-LOT-SEQ <u>7-3-11</u>			
TYPE OF CONSTRUCTION: (Check All That Apply)				
<input type="checkbox"/> NEW CONSTRUCTION	<input checked="" type="checkbox"/> RESIDENTIAL	<input checked="" 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 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>3</u>	BUILDING SIZE IN SQUARE FEET: <u>2000</u>	TOTAL PARCEL AREA IN SQUARE FEET: <u>30,000</u>
FIRE DEPARTMENT REQUIREMENTS <input checked="" type="radio"/> NONE	SPRINKLE ALL <input type="checkbox"/>	SPRINKLE GARAGE ONLY <input type="checkbox"/>
FIRE HYDRANTS REQUIRED <input checked="" type="radio"/> NONE	PUBLIC (NO. OF HYDRANTS <u> </u>)	PRIVATE (NO. OF HYDRANTS <u> </u>)
IS THERE A WELL ON THE PROPERTY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	USING RECYCLED WATER? <input type="checkbox"/> YES <input checked="" type="checkbox"/> 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: <u> </u>	
FLOW OF EACH SPRINKLER HEAD IN GPM: <u> </u>	TOTAL IRRIGATED AREA IN SQUARE FEET: <u> </u>	
IF NON-RESIDENTIAL, DESCRIBE BUSINESS TYPE OR USAGE OF LOT: <u> </u>		

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	JACUZZI TUBS	DISHWASHERS	SINKS	CLOTHES WASHERS	SINKS	HOSEBIBS	BAR SINKS
<u>1</u>		<u>1</u>		<u>1</u>		<u>2</u>	
TUBS ONLY	TOILETS						
	<u>3</u>						
SHOWERS ONLY	URINALS						
SINKS	BIDETS					POOL (SIZE: <u> </u>)	DESCRIBE: <u> </u>
<u>4</u>							

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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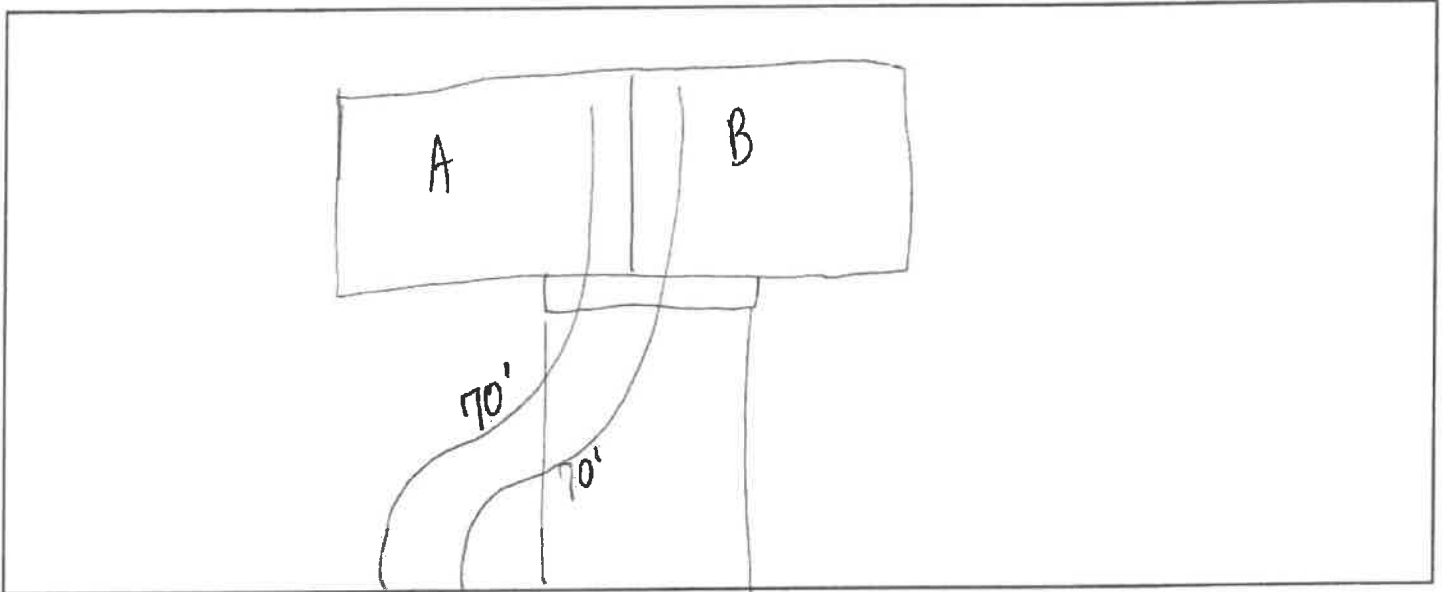
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WATER SERVICE APPLICATION

Service Connection Ties

Address: 83B 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
Water Superintendent

12/27/19

Date

AMOUNT PAID: 1300⁰⁰

CASH/CHECK # 752

12/27/19

BY EW