



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: 2-25-2020

APPLICANT NAME/CORPORATION: Salem Manufactured Homes LLC
 APPLICANT ADDRESS: 72 S Broadway
 CITY: Salem ZIP CODE: 03079 WORK/OTHER PHONE: 603 898 2144
 E-MAIL ADDRESS OF APPLICANT: adam@salemmh.com

LANDOWNER/BILLING NAME: Zealand MH Village Inc
 BILLING ADDRESS: 281 A Broadway
 CITY: Lawrence MA ZIP CODE: _____ WORK/OTHER PHONE: _____
 E-MAIL ADDRESS OF LANDOWNER: _____

SERVICE ADDRESS: 24 Zealand Park ASSESSOR'S MAP-LOT-SEQ: 5-5-112
 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: 1 BUILDING SIZE IN SQUARE FEET: 724 TOTAL PARCEL AREA IN SQUARE FEET: 4,000
 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 YES - DOMESTIC SERVICE NO
 WILL THERE BE LANDSCAPE IRRIGATION? YES 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
Potable	Residential	1"	3/4" 5/8"		02/21/2020

FIXTURE UNIT COUNT - COMPLETE THE QUANTITY OF THE FOLLOWING

BATHROOM:		KITCHEN:		LAUNDRY ROOM:		MISC/OTHER:	
TUBS/SHOWERS	1	DISHWASHERS	1	CLOTHES WASHERS	1	HOSEBIBS	2
TUBS ONLY	6	SINKS	1	SINKS	0	BAR SINKS	0
SHOWERS ONLY	1					POOL (SIZE: _____)	0
SINKS	2					DESCRIBE:	0
JACUZZI TUBS	6						
TOILETS	2						
URINALS	0						
BIDETS	0						

ADDITIONAL COMMENTS (IF APPLICABLE, LIST NO. OF BUILDINGS AND NO. IN EACH BUILDING): connect new replacement manufactured home to existing service

LAND OWNER'S SIGNATURE: [Signature] DATE: 2/24/20
 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: Salem Manufactured Homes OFFICER'S NAME & TITLE (PRINT): Adam G. Riley Asst. Manager

APPLICANT/CORPORATION'S OFFICER SIGNATURE: [Signature] DATE: 2-24-2020



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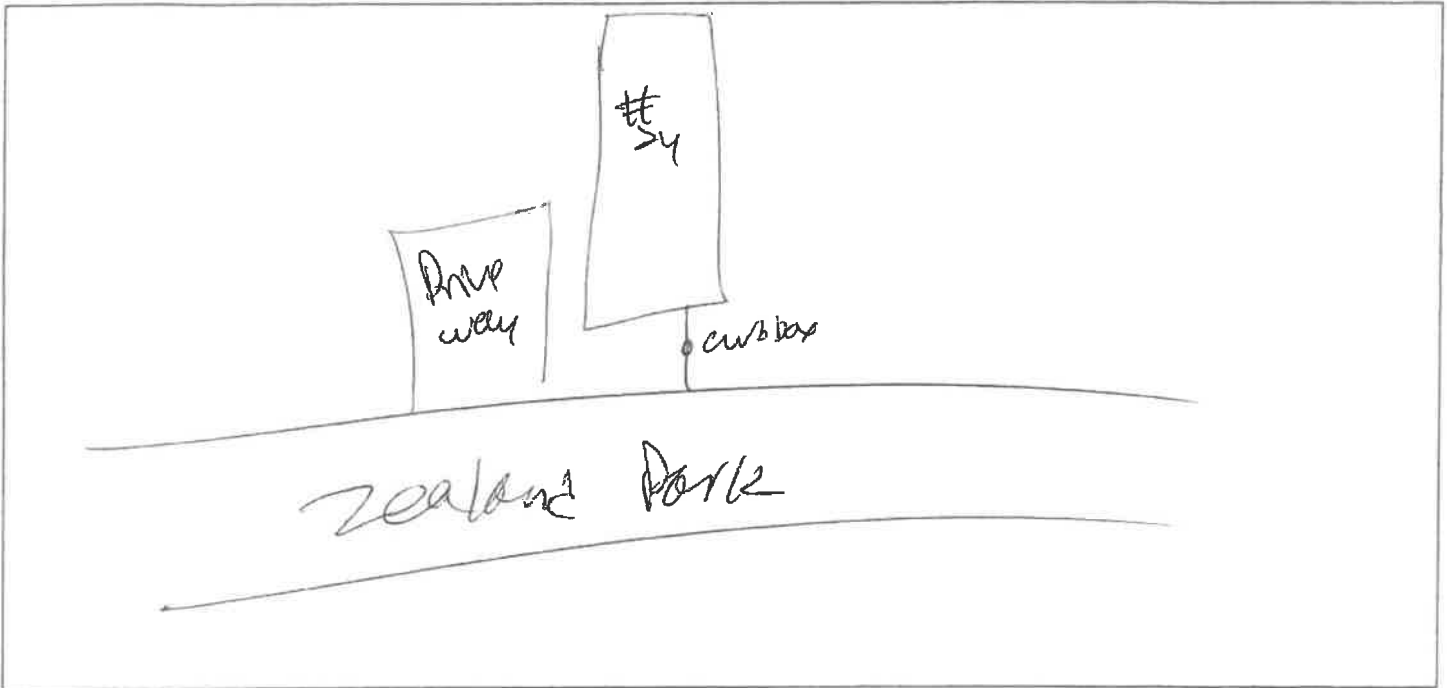
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Service Connection Ties

Address: 24 Zealand Park

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)

Cat. Skyles
Water Superintendent

2/25/202
0 Date

AMOUNT PAID: \$ 50.00 CASH/CHECK # 29884 DATE RECEIVED 2-25-20 BY S.G.