



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 2/18/2020

APPLICANT NAME/CORPORATION <u>29 Pickens Avenue Revocable Trust</u>		LANDOWNER/BILLING NAME <u>Kenneth Roy</u>	
APPLICANT ADDRESS <u>PO 1637 Rochester NH</u>		HOME PHONE <u>603 770 7893</u>	HOME PHONE <u>603 770 7893</u>
CITY <u>Rochester NH</u>	ZIP CODE <u>03866</u>	WORK/OTHER PHONE <u>SAME</u>	WORK/OTHER PHONE <u>SAME</u>
E-MAIL ADDRESS OF APPLICANT <u>KJR-123@HOTMAIL.COM</u>		E-MAIL ADDRESS OF LANDOWNER <u>KJR-123@HOTMAIL.COM</u>	

SERVICE ADDRESS: <u>29 Pickens Ave Seabrook</u>	ASSESSOR'S MAP-LOT-SEQ <u>10/56/3</u>
TYPE OF CONSTRUCTION: (Check All That Apply)	
<input checked="" type="checkbox"/> NEW CONSTRUCTION	<input checked="" type="checkbox"/> RESIDENTIAL
<input type="checkbox"/> MOBILE/MANUFACTURED HOME	<input checked="" type="checkbox"/> SINGLE FAMILY
<input type="checkbox"/> COMMERCIAL	<input type="checkbox"/> MULTI-FAMILY
<input type="checkbox"/> INDUSTRIAL	<input type="checkbox"/> CONDO
OTHER (Please Describe) <u>TEAR DOWN, replace mh</u>	
*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>1450</u>	TOTAL PARCEL AREA IN SQUARE FEET: <u>10500</u>
FIRE DEPARTMENT REQUIREMENTS	<input checked="" type="radio"/> NONE	<input type="radio"/> SPRINKLE ALL
FIRE HYDRANTS REQUIRED	<input checked="" type="radio"/> NONE	<input type="radio"/> SPRINKLE GARAGE ONLY
IS THERE A WELL ON THE PROPERTY?	YES <input type="radio"/> NO <input checked="" type="radio"/>	PUBLIC (NO. OF HYDRANTS _____) PRIVATE (NO. OF HYDRANTS _____)
WILL A PUMP BE USED TO BOOST PRESSURE?	YES - FIRE SERVICE <input type="radio"/> NO <input checked="" type="radio"/>	USING RECYCLED WATER? YES <input type="radio"/> NO <input checked="" type="radio"/>
WILL THERE BE LANDSCAPE IRRIGATION?	YES <input type="radio"/> NO <input checked="" type="radio"/>	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>	DISHWASHERS	<u>1</u>	CLOTHES WASHERS	<u>1</u>	HOSEBIBS	<u>3</u>
TUBS ONLY		SINKS	<u>1</u>	SINKS		BAR SINKS	
SHOWERS ONLY	<u>1</u>					POOL (SIZE: _____)	
SINKS	<u>2</u>					DESCRIBE:	
JACUZZI TUBS							
TOILETS	<u>2</u>						
URINALS							
BIDETS							

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

LAND OWNER'S SIGNATURE Kenneth Roy

DATE 2/18/2020

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 29 PICKENS AVE REVOCABLE TRUST

OFFICER'S NAME & TITLE (PRINT) Power of Attorney

APPLICANT/CORPORATION'S OFFICER SIGNATURE [Signature]

DATE 2/18/2020



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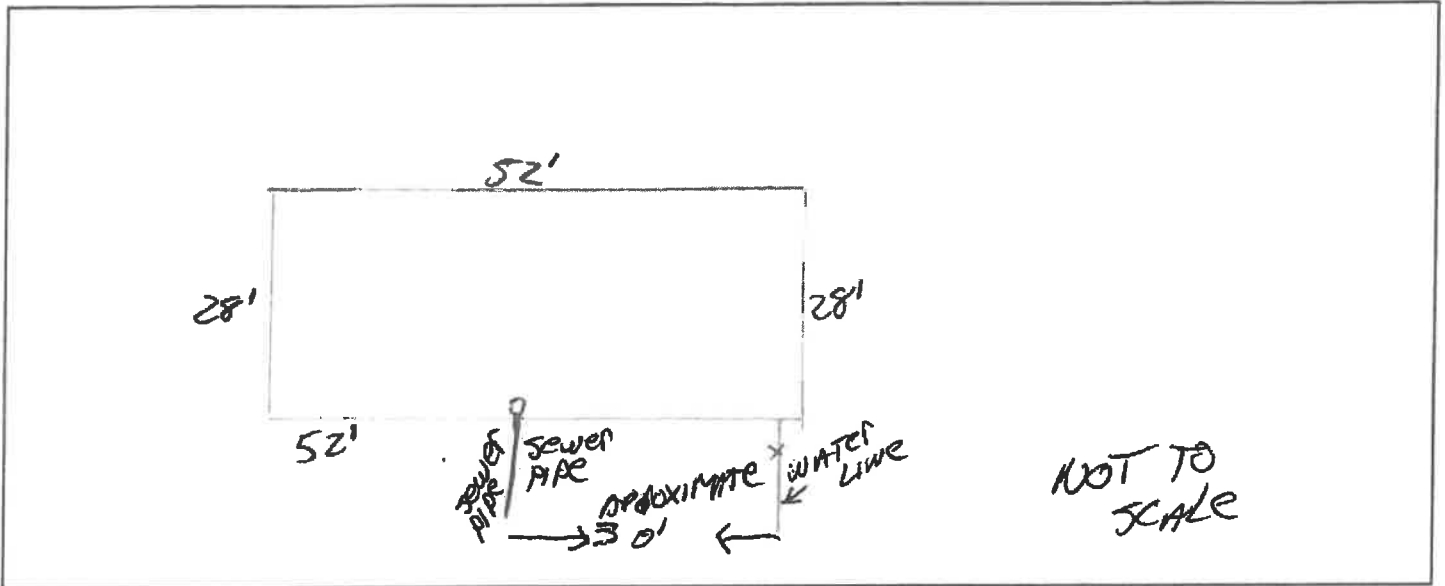
Phone: (603) 474-9921 Fax: (603) 474-3399

WATER SERVICE APPLICATION

Service Connection Ties

Address: 29 PICKENS AVE SEABROOK

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 Sturjo
Water Superintendent

2/23/202
0 Date

AMOUNT PAID: 100⁰⁰

CASH/CHECK # 105

2/20/20

BY EW

LIMITED POWER OF ATTORNEY

Know all persons by these presents, that I, P. J. STILES, THE TRUSTEE OF THE TWENTY-NINE PICKENS AVENUE REVOCABLE TRUST OF 2019, of Rochester, New Hampshire do hereby make, constitute, and appoint KENNETH J. ROY of Brentwood, New Hampshire as my true and lawful attorney-in-fact, and do authorize said attorney-in-fact, for me and in my name, place, and stead:

To sell, encumber, convey, rent, lease, pledge, or otherwise dispose of by deed with or without warranty, bill of sale, contract or otherwise, the property located in Rockingham County, State of New Hampshire located at 29 Pickens Avenue, Seabrook, NH 03874, for cash or upon such terms as the attorney-in-fact may deem advisable, and to execute appropriate deeds, conveyances or other instruments including contracts for that purpose with the same force and effect as though I were personally present and acting for myself.

To deal with contractors, suppliers, and materialmen with regard to improvements to the property, to deal with real estate brokers with regard to lease or sale of the property and to deal with municipal officials regarding land use and utilities.

This power of attorney shall not be affected by disability of the undersigned principal or lapse of time. This Limited Power of Attorney may be terminated either by me or by said attorney-in-fact by giving written notice of such termination to the other. An executed duplicate of this Limited Power of Attorney, or a photostatic copy thereof, delivered by me or by said attorney-in-fact to any third party will be conclusive against me and said attorney-in-fact as to such third party that this Limited Power of Attorney has not been terminated and will continue in effect until such third party is advised by written notice from me or from said attorney-in-fact of such termination. This Limited Power of Attorney shall be governed by the laws of the State of New Hampshire.

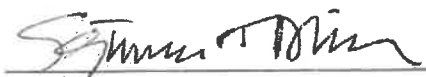
IN WITNESS WHEREOF, I have hereunto set my hand this 6th day of December 2019.


P. J. STILES, TRUSTEE OF THE TWENTY-NINE PICKENS AVENUE REVOCABLE TRUST

STATE OF NEW HAMPSHIRE

COUNTY OF STRAFFORD

On this the 6th day of December 2019 personally appeared P. J. Stiles as Trustee of the Twenty-Nine Pickens Avenue Revocable Trust and acknowledged that he signed the above on behalf of the said trust. Before me,


Notary Public
my commission expires 9/5/2023







6-24-97

QUANTITIES

- 38' 6" Apr
- 1 6" TT
- 1 Band
- 1 6" Radius
- 11' 4"
- 2 4" Band
- 1 4" Edge
- 50' Total
- clean out

Task not Crushed/Pumped

~~not Fed in~~ under

Porch

Hooked up to sewer 7-24-07

411-004

10-56-3

27 RICKS

