



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: 02/07/2020

APPLICANT NAME/CORPORATION <u>William Lago</u>	
APPLICANT ADDRESS <u>87 True rd.</u>	HOME PHONE <u>603-502-3885</u>
CITY <u>Seabrook</u>	WORK/OTHER PHONE <u>603-502-3885</u>
ZIP CODE <u>03874</u>	
E-MAIL ADDRESS OF APPLICANT <u>W.Lago23@hotmail.com</u>	

LANDOWNER/BILLING NAME <u>William Lago</u>	
BILLING ADDRESS <u>87 True rd.</u>	HOME PHONE <u>603-502-3885</u>
CITY <u>Seabrook</u>	WORK/OTHER PHONE <u>603-502-3885</u>
ZIP CODE	
E-MAIL ADDRESS OF LANDOWNER <u>W.Lago23@hotmail.com</u>	

SERVICE ADDRESS: <u>87 True rd. - right</u>	ASSESSOR'S MAP-LOT-SEQ <u>2-48-0</u>				
TYPE OF CONSTRUCTION: (Check All That Apply)	NEW CONSTRUCTION <input checked="" type="checkbox"/>	RESIDENTIAL	SINGLE FAMILY	MULTI-FAMILY	CONDO
MOBILE/MANUFACTURED HOME	COMMERCIAL	INDUSTRIAL	OTHER (Please Describe) <u>Duplex</u>		

*UNDER 'ADDITIONAL COMMENTS' SECTION, LIST NO. OF BUILDINGS AND NO. OF UNITS IN EACH BUILDING, IF APPLICABLE

NO. OF STORIES IN BUILDING: <u>2</u>	BUILDING SIZE IN SQUARE FEET: <u>2,240</u>	TOTAL PARCEL AREA IN SQUARE FEET: <u>30,100</u>	
FIRE DEPARTMENT REQUIREMENTS	NONE	SPRINKLE ALL	SPRINKLE GARAGE ONLY
FIRE HYDRANTS REQUIRED	NONE	PUBLIC (NO. OF HYDRANTS <u>1</u>)	PRIVATE (NO. OF HYDRANTS <u>0</u>)
IS THERE A WELL ON THE PROPERTY?	YES <input checked="" type="radio"/> NO	USING RECYCLED WATER?	YES <input checked="" type="radio"/> NO
WILL A PUMP BE USED TO BOOST PRESSURE?	YES - FIRE SERVICE	YES - DOMESTIC SERVICE	NO
WILL THERE BE LANDSCAPE IRRIGATION?	YES <input checked="" type="radio"/> 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
<u>Potable</u>	<u>Residential</u>	<u>-</u>	<u>5/8"</u>	<u>-</u>	<u>Summer 2020</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	
TUBS ONLY		SINKS	<u>1</u>	SINKS		BAR SINKS	
SHOWERS ONLY						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)

Duplex - has attached garage
From houses one side of

LAND OWNER'S SIGNATURE

Will Lago

DATE

02/07/2020

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

OFFICER'S NAME & TITLE (PRINT)

APPLICANT/CORPORATION'S OFFICER SIGNATURE

Will Lago

DATE

02/07/2020



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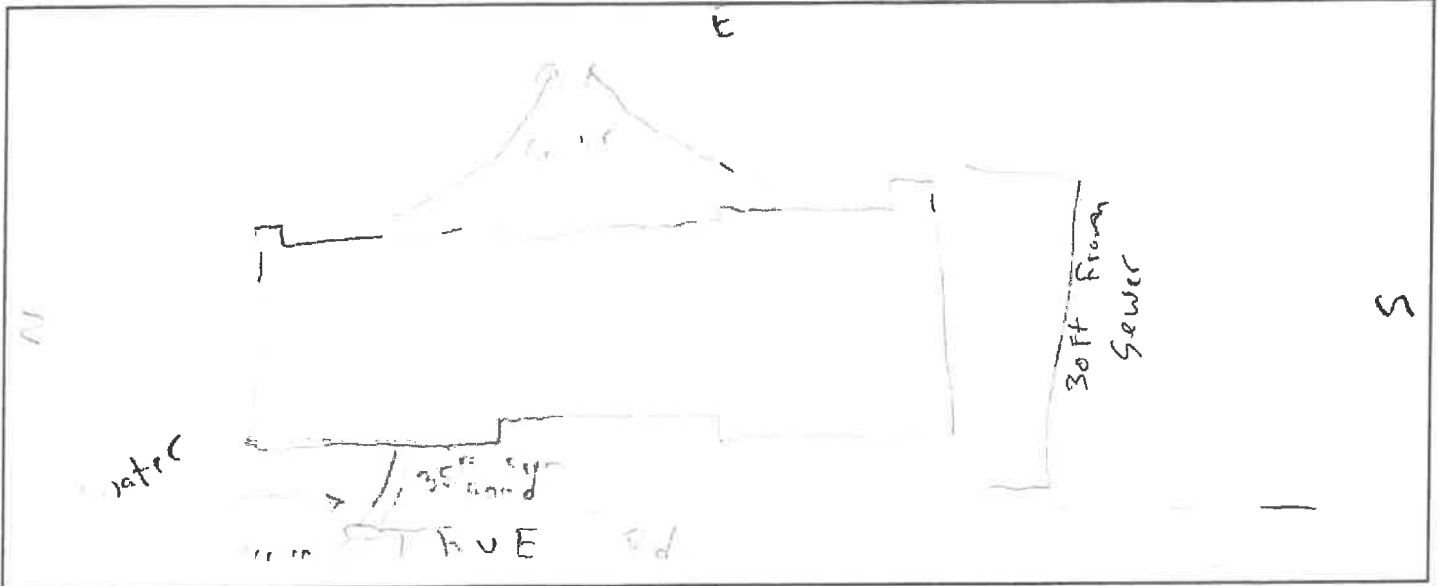
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WATER SERVICE APPLICATION

Service Connection Ties

Address: 87 Truce Rd. Seabrook NH

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)

[Signature]
Water Superintendent

2/10/2028
Date

AMOUNT PAID: 1,300⁰⁰

CASH/CHECK # 108

2/7/20

BY EW

* NOTE - NEW RES SERVICE