



# 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: 3-2-2020

APPLICANT NAME/CORPORATION  
William MacCielan - Old Stagers LLC

APPLICANT ADDRESS  
52 Wholey Way

CITY  
Portsmouth NH ZIP CODE  
03801 WORK/OTHER PHONE  
603-231-5427

E-MAIL ADDRESS OF APPLICANT  
BillyMacCielan@MAC.COM

LANDOWNER/BILLING NAME

BILLING ADDRESS HOME PHONE

CITY ZIP CODE WORK/OTHER PHONE

E-MAIL ADDRESS OF LANDOWNER

SERVICE ADDRESS: 217 South Main St.

ASSESSOR'S MAP-LOT-SEQ: 16-12-10

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

MOBILE/MANUFACTURED HOME  COMMERCIAL  INDUSTRIAL  OTHER (Please Describe) DUPEX

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

NO. OF STORIES IN BUILDING: 2 BUILDING SIZE IN SQUARE FEET: 2000 TOTAL PARCEL AREA IN SQUARE FEET: 49,000

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
<u>POTABLE</u>	<u>RESIDENTIAL</u>		<u>5/8</u>		

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

<b>BATHROOM:</b>		<b>KITCHEN:</b>		<b>LAUNDRY ROOM:</b>		<b>MISC/OTHER:</b>	
TUBS SHOWERS <u>2</u>	JACUZZI TUBS	DISHWASHERS <u>1</u>	CLOTHES WASHERS <u>1</u>	HOSE/BIBS		BAR SINKS	
TUBS ONLY	TOILETS <u>3</u>	SINKS <u>1</u>	SINKS	POOL (SIZE: _____)		DESCRIBE:	
SHOWERS ONLY	URINALS						
SINKS <u>3</u>	BIDETS						

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

LAND OWNER'S SIGNATURE

DATE 3-2-2020

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

DATE



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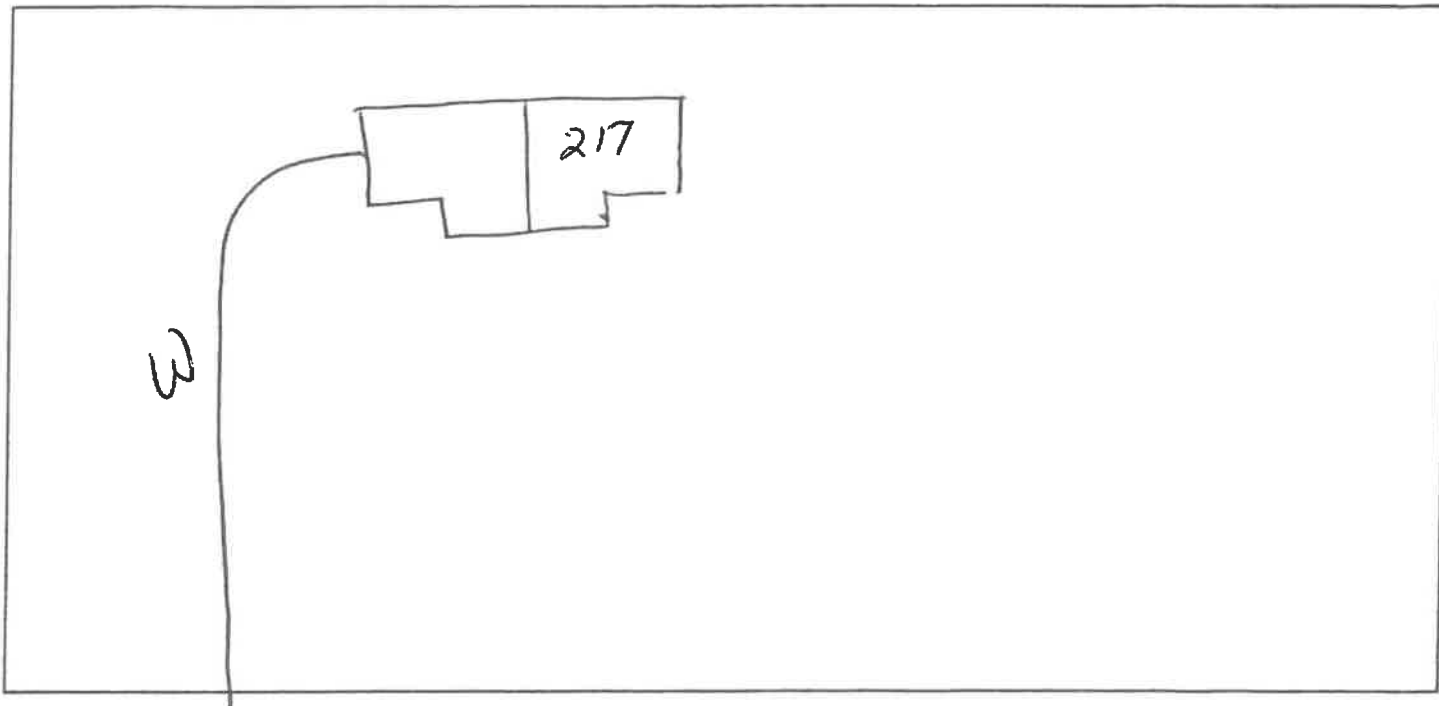
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**WATER SERVICE APPLICATION**

**Service Connection Ties**

Address: 217 South Main St.

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 Skyrto*  
Water Superintendent

3/2/202  
0 Date

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

AMOUNT PAID: 1,300.00 CASH/CHECK # 1580 DATE RECEIVED 3-2-20 BY S.G.