



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: 3/9/2020

APPLICANT NAME/CORPORATION <u>Charles Liebermann</u>			LANDOWNER/BILLING NAME <u>Same</u>		
APPLICANT ADDRESS <u>456 New Zealand Rd</u>		HOME PHONE <u>cell</u> <u>978-914-3879</u>	BILLING ADDRESS		HOME PHONE
CITY <u>Seabrook NH</u>	ZIP CODE <u>03874</u>	WORK/OTHER PHONE	CITY	ZIP CODE	WORK/OTHER PHONE
E-MAIL ADDRESS OF APPLICANT <u>CSL58@comcast.net</u>			E-MAIL ADDRESS OF LANDOWNER		

SERVICE ADDRESS: 454 New Zealand Rd ASSESSOR'S MAP-LOT-SEQ: 1-13-2

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: 1880 TOTAL PARCEL AREA IN SQUARE FEET: 35000 SF

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>-</u>	<u>5/8x3/4</u>	<u>-</u>	<u>-</u>

FIXTURE UNIT COUNT - COMPLETE THE QUANTITY OF THE FOLLOWING

BATHROOM:		KITCHEN:		LAUNDRY ROOM:		MISC/OTHER:	
TUBS/SHOWERS	<u>3</u>	JACUZZI TUBS	<u>1</u>	DISHWASHERS	<u>1</u>	HOSEBIBS	<u>1</u>
TUBS ONLY		TOILETS	<u>4</u>	CLOTHES WASHERS		BAR SINKS	
SHOWERS ONLY		URINALS		SINKS		POOL (SIZE: _____)	
SINKS	<u>4</u>	BIDETS				DESCRIBE:	

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

mobile home with stick built -

Replacing buried down

LAND OWNER'S SIGNATURE [Signature]

DATE 3/9/2020

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 [Signature]

DATE 3/9/2020



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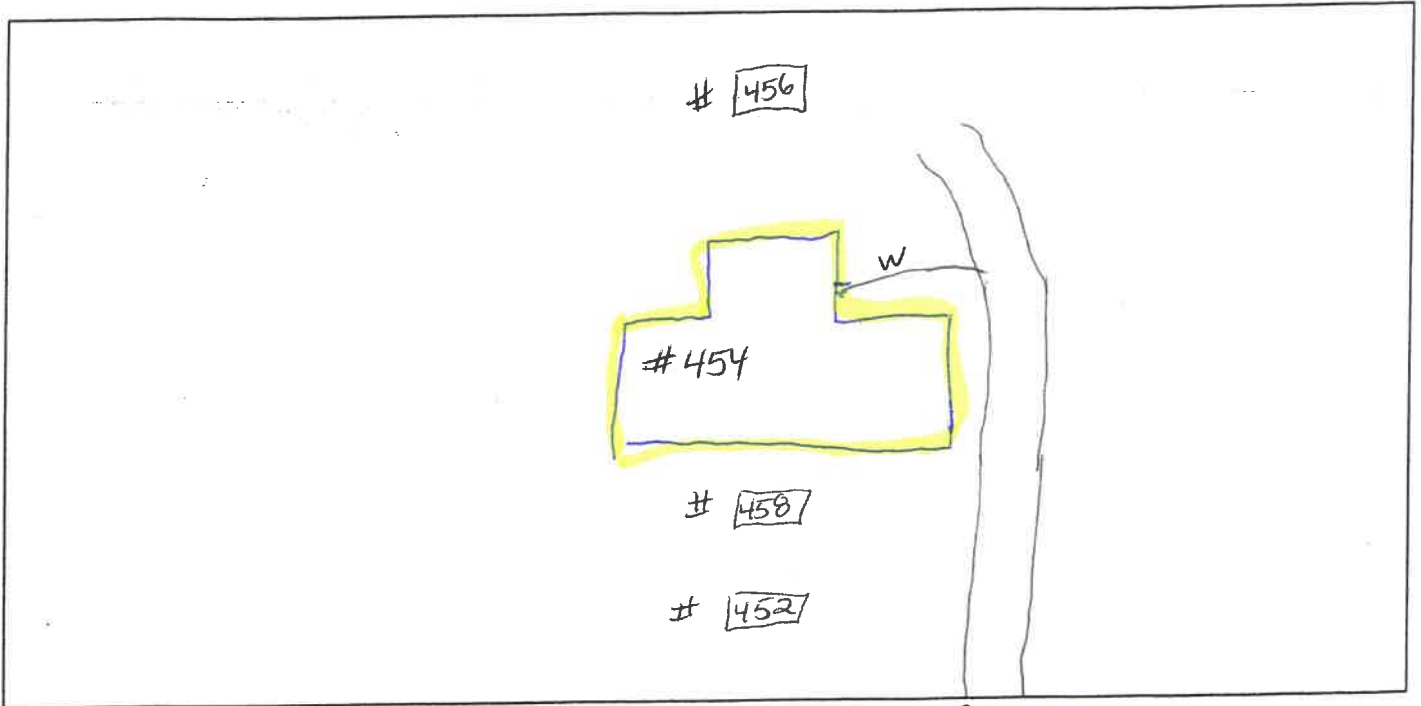
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WATER SERVICE APPLICATION

Service Connection Ties

Address: 454 NEW ZEALAND RD

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.



NEW ZEALAND RD

W Well CURB STOP

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 of Water Superintendent

3/9/2022

Date

AMOUNT PAID: 50.00

CASH/CHECK # 1047

DATE RECEIVED 3/9/20

BY EW



