



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: 4-15-20

APPLICANT NAME/CORPORATION David Deschenes		
APPLICANT ADDRESS 70 Washington St		HOME/WORK PHONE
CITY/STATE Seabrook, NH	ZIP CODE 03874	WORK/OTHER PHONE (603) 4987068
E-MAIL ADDRESS OF APPLICANT		

LANDOWNER/BILLING NAME Joseph & Donna Jones		
BILLING ADDRESS 17 Irenes Way		HOME/WORK PHONE
CITY/STATE Seabrook, NH	ZIP CODE 03874	WORK/OTHER PHONE (603) 4987068
E-MAIL ADDRESS OF LANDOWNER		

SERVICE ADDRESS 17 IRENES WAY	ASSESSOR'S MAP-LOT-SEQ. 2-2		
TYPE OF CONSTRUCTION: (Check All That Apply)			
NEW CONSTRUCTION	<input checked="" type="checkbox"/> RESIDENTIAL	<input checked="" type="checkbox"/> SINGLE FAMILY	MULTI-FAMILY
MOBILE/MANUFACTURED HOME	COMMERCIAL	INDUSTRIAL	<input checked="" type="checkbox"/> OTHER (Please Describe) <u>rebuilding structure</u>
*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: 2200 TOTAL PARCEL AREA IN SQUARE FEET: 1/2 ACRES

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 - IRRIGATION NO

WILL THERE BE LANDSCAPE IRRIGATION? YES NO IF YES, NUMBER OF SPRINKLER HEADS: 32

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	DEMAND IN GPM	EXPECTED DATE OF METER INST.

FIXTURE UNIT COUNT - COMPLETE THE QUANTITY OF THE FOLLOWING

BATHROOM:			LAUNDRY ROOM:		
TUBS/SHOWERS	JACUZZI TUBS	DISHWASHERS	CLOTHES WASHERS		
TUBS ONLY <u>1</u>	TOILETS <u>2</u>	SINKS <u>1</u>	SINKS		
SHOWERS ONLY <u>2</u>	URINALS				
SINKS <u>3</u>	BIDETS				

HOSE BAR 3

POOL (SIZE: _____) DESCRIBE: _____

LAND OWNER'S SIGNATURE [Signature] / MANAGER DATE 4-15-20

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 DAVID DESCHENES OFFICER'S NAME & TITLE (PRINT) MANAGER

APPLICANT/CORPORATION'S OFFICER SIGNATURE [Signature] / MGR DATE 4-15-20



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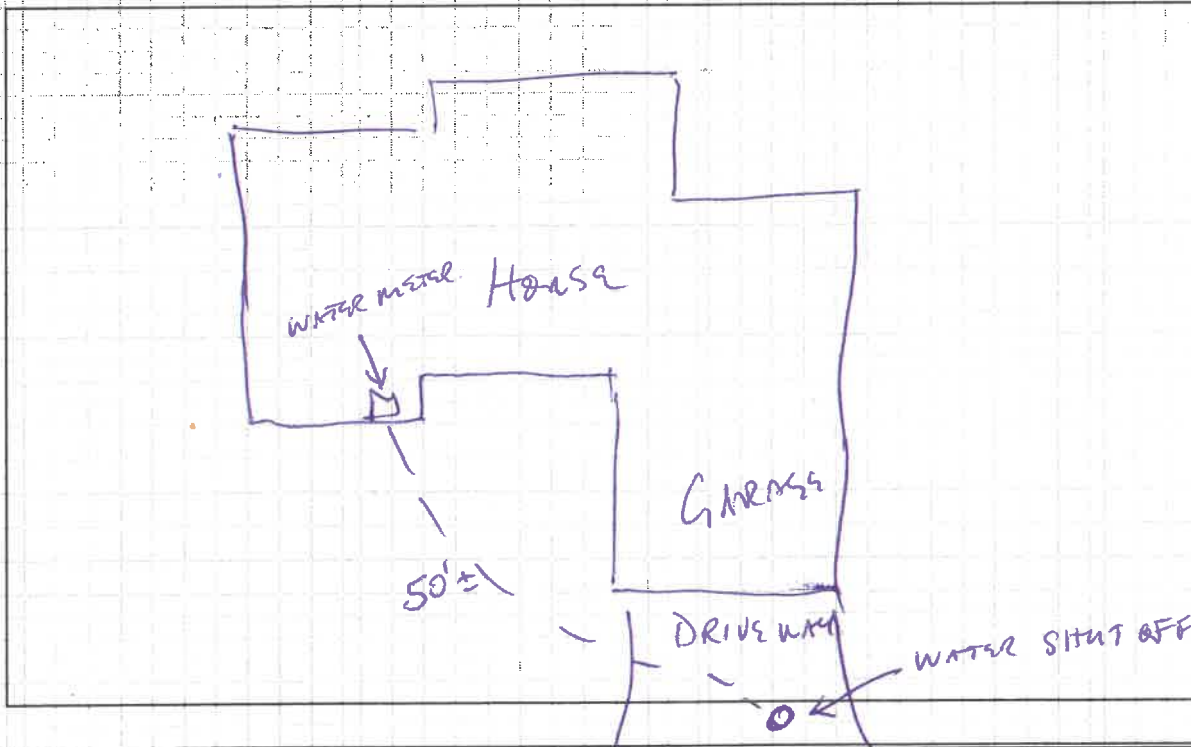
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WATER SERVICE APPLICATION

Service Connection Ties

Address: 17 Irenes Way

Please provide a sketch of the service connection with the approximate length. Please indicate the name of and a sketch of the house. In addition, please show the approximate distances from any sewer lines on the



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

4/16/202

Water Superintendent

0 Date

AMOUNT PAID:

CASH/CHECK #

DATE RECEIVED

BY