

Prior mobile Home on site. See Demo Permit



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: _____

APPLICANT NAME/CORPORATION <i>Paul Leover</i>			LANDOWNER/BILLING NAME <i>Stargazer R.E. Dev</i>		
APPLICANT ADDRESS <i>P.O. Box 668</i>		HOME PHONE <i>603-7813-2111</i>	BILLING ADDRESS		HOME PHONE
CITY <i>Hampton Falls</i>	ZIP CODE	WORK/OTHER PHONE <i>926 1400</i>	CITY	ZIP CODE	WORK/OTHER PHONE
E-MAIL ADDRESS OF APPLICANT			E-MAIL ADDRESS OF LANDOWNER		

SERVICE ADDRESS: *463 A New Zealand* ASSESSOR'S MAP-LOT-SEQ: *2-11-1*

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: *2* BUILDING SIZE IN SQUARE FEET: *2100* TOTAL PARCEL AREA IN SQUARE FEET: *30,829*

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
<i>POTABLE</i>	<i>RESIDENTIAL</i>		<i>5/8</i>		

FIXTURE UNIT COUNT - COMPLETE THE QUANTITY OF THE FOLLOWING

BATHROOM:		KITCHEN:		LAUNDRY ROOM:		MISC/OTHER:	
TUBS/SHOWERS	<i>1</i>	JACUZZI TUBS	<i>0</i>	DISHWASHERS	<i>1</i>	CLOTHES WASHERS	<i>1</i>
TUBS ONLY	<i>2</i>	TOILETS	<i>3</i>	SINKS	<i>1</i>	SINKS	<i>0</i>
SHOWERS ONLY		URINALS					
SINKS	<i>3</i>	BIDETS	<i>0</i>				

POOL (SIZE: _____) DESCRIBE: _____

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

LAND OWNER'S SIGNATURE *Ben* DATE *3/18/20*

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 *Stargazer R.E. Dev.* OFFICER'S NAME & TITLE (PRINT) *Paul Leover Mgr*

APPLICANT/CORPORATION'S OFFICER SIGNATURE *[Signature]* DATE *3/18/20*



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WATER SERVICE APPLICATION

Service Connection Ties

Address: 463 A 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.

See Plan

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)

Cat. Skyles 3/19/2020
Water Superintendent 0 Date

AMOUNT PAID: \$ 50 CASH/CHECK # 134 DATE RECEIVED 3-18-20 BY E.W.

JAMES
P.O. BOX 1694
SEABROOK, NH 03874
BK.2771 PG.0195

463 NEW ZEALAND ROAD

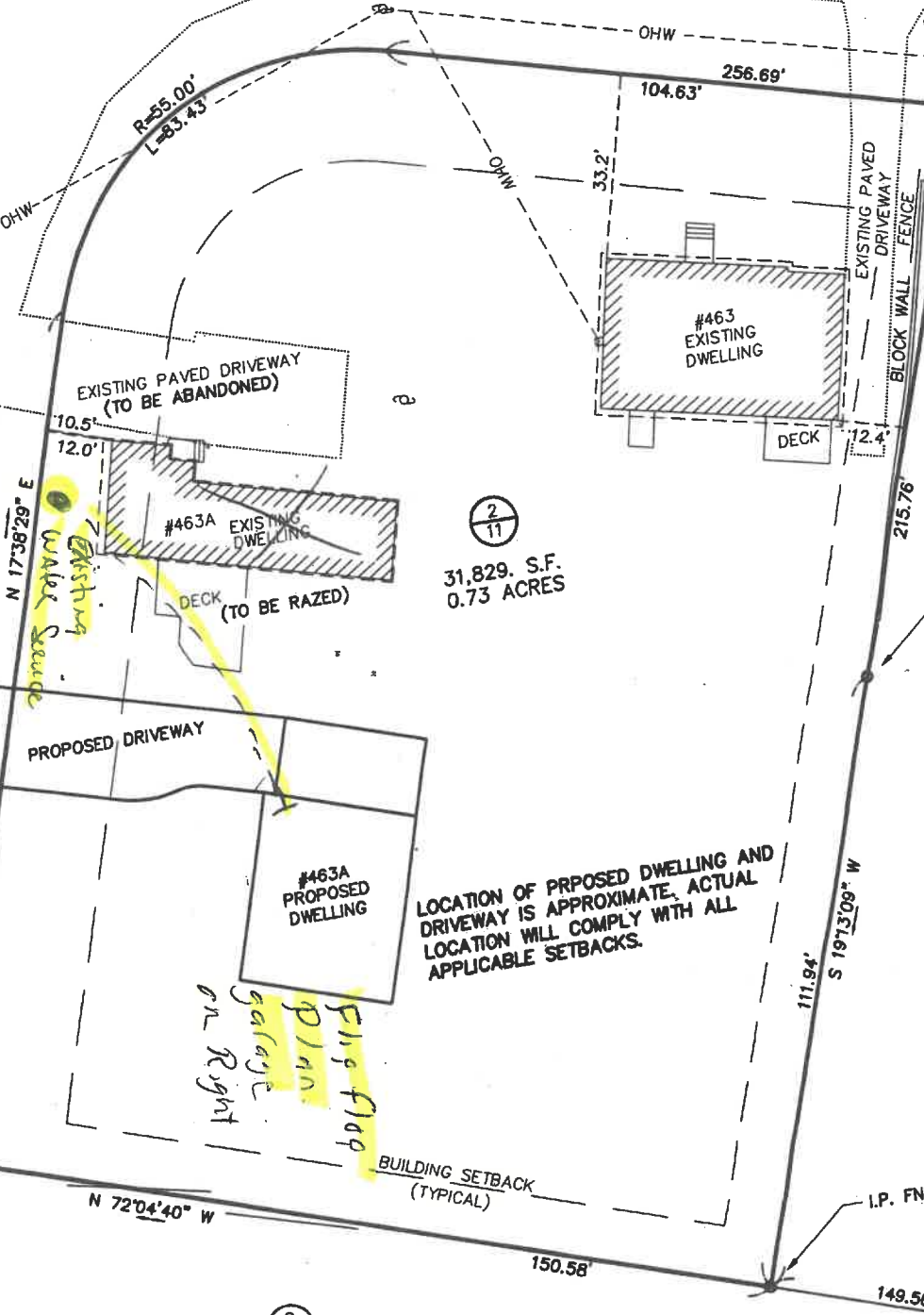
EXISTING PAVED DRIVEWAY

EXISTING DRIVE

EXISTING PAVED DRIVEWAY (TO BE ABANDONED)

TRUE ROAD

ROAD



N/F
OWEN FAMILY TRUST
PETER W. OWEN TRUSTEE
22 TUNA TERRACE
PORTSMOUTH, NH 03801
BK.5111 PG.1515

Note
Received 2.P
... to be



The State of New Hampshire
Town of Seabrook

Prior

Permit No: BP-19-348

Date Issued: Dec 27, 2019

Expiration Date: Dec 26, 2021

Permit Fee: \$25.00

PERMISSION IS HEREBY GRANTED TO: **PAUL LEPERE**

TO PERFORM WORK AT:

OWNER

463 NEW ZEALAND RD Unit A

2-11-1

PROPERTY ADDRESS

MAP/LOT

HOMEOWNER

CONTRACTOR

LICENSE NO.

Demolition
PROJECT CATEGORY

Res

HIC LICENSE NO.

OCCUPANCY TYPE:

TO PERFORM THE FOLLOWING WORK:
DEMOLITION OF MOBILE HOME

Mobile Home

The person accepting this permit agrees to comply with all state, local and federal rules, regulations, and codes in effect on the date of application. Issuance of this permit is notification that the Town Assessor may also request information and inspection. Other Departments may require inspections as well. Contact the building office 24 hours in advance of needed inspections. Scheduling of inspections need to be made between the hours of 8AM & 4PM. The following inspections are required:

Paul Leper
Building Official

Electrical	Plumbing	Mechanical	Building
Underground:	Underground:	Underground:	Foundation Footing Prior to Pour:
Under Slab:	Under Slab:	Under Slab:	Foundation Walls Prior to Pour:
Rough:	Rough:	Rough:	Foundation Prior to Backfill:
Service:	Service:	Service:	Slab on Grade Prior to Pour:
Final:	Final:	Final:	Framing:
			Masonry when Started:
			Masonry when Completed:
			Structural Steel:
			Roof Decking:
			Roof Insulation:
			Roofing:
			Insulation before EPIS:
			EPIS when Complete:
			Ductwork Light Test:
			Annual System Test:
			Insulation:
			Garage Drywall Before Taping:
			Utility Inspection Before Skirting:
			Above Ceiling:
			Special Inspection:
			Final:

NOTES:

POST THIS CARD SO IT IS VISIBLE FROM THE STREET.

THIS PERMIT MAY BE REVOKED UPON VIOLATION OF ANY OF THE TOWN'S RULES AND/OR REGULATIONS.

