



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: 7-22-19

APPLICANT NAME/CORPORATION JAS PATTEN TRUST		
APPLICANT ADDRESS 52 WERRIE ROAD	HOME PHONE 603 234	
CITY SEABROOK NH	ZIP CODE 03874	WORK/OTHER PHONE 0268
E-MAIL ADDRESS OF APPLICANT		

LANDOWNER/BILLING NAME JAMES K. PATTEN II		
BILLING ADDRESS 52 WERRIE ROAD	HOME PHONE 603 234	
CITY SEABROOK NH	ZIP CODE 03874	WORK/OTHER PHONE 0268
E-MAIL ADDRESS OF LANDOWNER		

SERVICE ADDRESS: 52 WERRIE RD ASSESSOR'S MAP-LOT-SEQ 4-3-2

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: 2 BUILDING SIZE IN SQUARE FEET: 1400 TOTAL PARCEL AREA IN SQUARE FEET: _____

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
POTABLE	RESIDENTIAL		5/8		

FIXTURE UNIT COUNT - COMPLETE THE QUANTITY OF THE FOLLOWING

BATHROOM:		KITCHEN:		LAUNDRY ROOM:		MISC/OTHER:	
TUBS/SHOWERS <input checked="" type="checkbox"/>	JACUZZI TUBS <input type="checkbox"/>	DISHWASHERS <input type="checkbox"/>	SINKS <input type="checkbox"/>	CLOTHES WASHERS <input type="checkbox"/>	SINKS <input type="checkbox"/>	HOSEBIBS <input type="checkbox"/>	
TUBS ONLY <input type="checkbox"/>	TOILETS <input checked="" type="checkbox"/>	SINKS <input checked="" type="checkbox"/>				BAR SINKS <input type="checkbox"/>	
SHOWERS ONLY <input checked="" type="checkbox"/>	URINALS <input type="checkbox"/>					POOL (SIZE: _____) <input type="checkbox"/>	
SINKS <input checked="" type="checkbox"/>	BIDETS <input type="checkbox"/>					DESCRIBE: <input type="checkbox"/>	

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

LAND OWNER'S SIGNATURE James K. Patten II DATE _____

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 JAS PATTEN TRUST OFFICER'S NAME & TITLE (PRINT) JAMES K. PATTEN II

APPLICANT/CORPORATION'S OFFICER SIGNATURE James K. Patten II DATE 7-22-19



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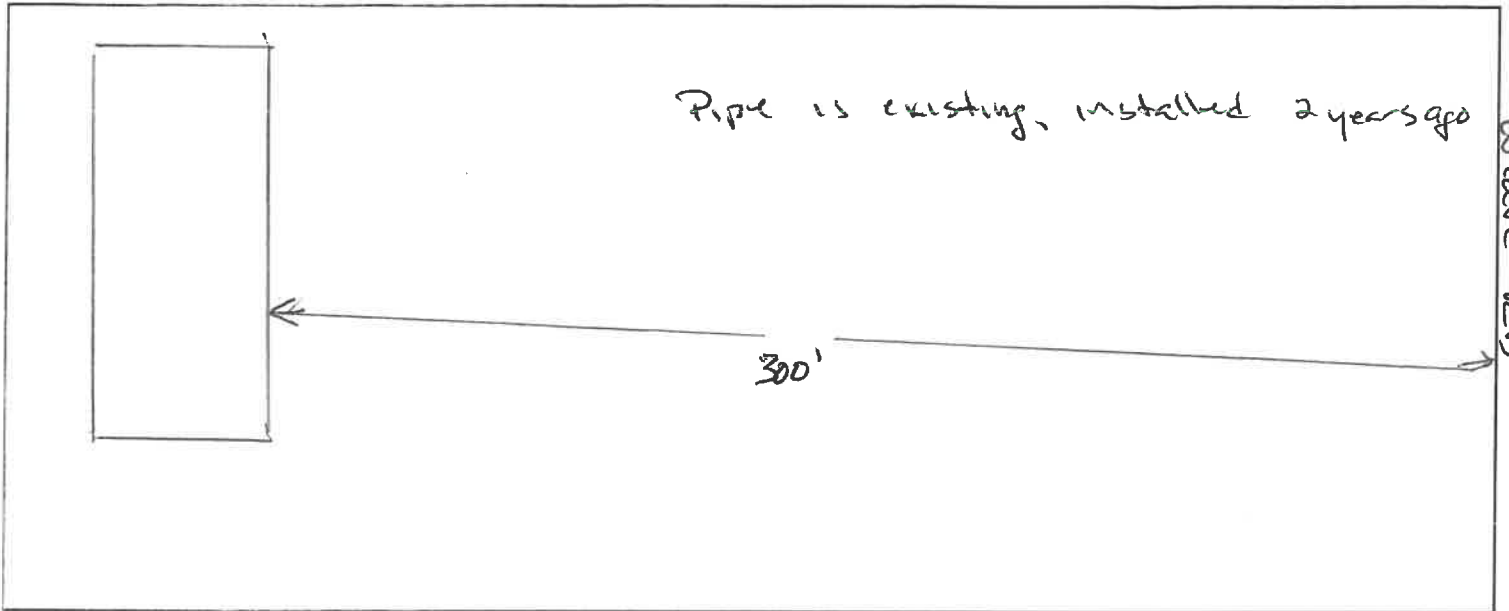
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WATER SERVICE APPLICATION

Service Connection Ties

Address: 52 WEMPE 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.



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. Skyles

4/6 2020

Water Superintendent

/ Date

AMOUNT PAID: \$ 1,300.00

CASH/CHECK # 10166

4-2-20

BY S.G.