



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:

5/20/20

APPLICANT NAME/CORPORATION

JALBERT LEASING, INC

DBA CYSLING

APPLICANT ADDRESS

185 GRAFTON DRIVE

HOME PHONE

603 817-4545

CITY

PORTSMOUTH, NH

ZIP CODE

03801

WORK/OTHER PHONE

603 430 1100

E-MAIL ADDRESS OF APPLICANT

MLAPOINT@RIDECS.COM

LANDOWNER/BILLING NAME

BILLING ADDRESS

SAME

HOME PHONE

CITY

ZIP CODE

603 430 1100

WORK/OTHER PHONE

E-MAIL ADDRESS OF LANDOWNER

S.ROCKWELL@RIDECS.COM

SERVICE ADDRESS:

13 BATH GLADE ROAD

(SARGLV)

ASSESSOR'S MAP-LOT-SEQ

5-14-51

TYPE OF CONSTRUCTION: (Check All That Apply)

NEW CONSTRUCTION

RESIDENTIAL

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:

13975

BUILDING SIZE IN SQUARE FEET:

3975

TOTAL PARCEL AREA IN SQUARE FEET:

FIRE DEPARTMENT REQUIREMENTS

NONE

SPRINKLE ALL

SPRINKLE GARAGE ONLY

FIRE HYDRANTS REQUIRED

1

NONE

PUBLIC (NO. OF HYDRANTS)

PRIVATE (NO. OF HYDRANTS)

1

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	FIRE / COMM	2"	2"	57	7/2020

FIXTURE UNIT COUNT - COMPLETE THE QUANTITY OF THE FOLLOWING

BATHROOM:		KITCHEN:		LAUNDRY ROOM:		MISC/OTHER:
TUBS/SHOWERS	JACUZZI TUBS	DISHWASHERS	CLOTHES WASHERS			HOSE/BIBS
TUBS ONLY	TOILETS	SINKS	SINKS			BAR SINKS
SHOWERS ONLY	URINALS					POOL (SIZE:)
SINKS	BIDETS					DESCRIBE:

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

LAND OWNER'S SIGNATURE

DATE 5/20/2020

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

JALBERT LEASING, INC

OFFICER'S NAME & TITLE (PRINT)

JAMES JALBERT

APPLICANT/CORPORATION'S OFFICER SIGNATURE

DATE

5/20/2020



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Service Connection Ties

Address: 13 Batchelder 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 attached

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

5/26/202

Water Superintendent

0

Date

AMOUNT PAID: 10,700.00

CASH/CHECK # 96339

DATE RECEIVED 5-26-20

BY E.W.

