



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 5/5/20

APPLICANT NAME/CORPORATION Darlene Belmer	
APPLICANT ADDRESS 458 New Zealand Rd	HOME PHONE
CITY Seabrook	ZIP CODE 03874
WORK/OTHER PHONE (603) 918-6065	
E-MAIL ADDRESS OF APPLICANT god.bless.mom703@gmail.com	

LANDOWNER/BILLING NAME Darlene Belmer	
BILLING ADDRESS 458 New Zealand Rd	HOME PHONE
CITY Seabrook, NH	ZIP CODE 03874
WORK/OTHER PHONE (603) 918-6065	
E-MAIL ADDRESS OF LANDOWNER	

SERVICE ADDRESS: 458 New Zealand Rd	ASSESSOR'S MAP-LOT-SEQ 1-13-10
TYPE OF CONSTRUCTION: (Check All That Apply)	
NEW CONSTRUCTION	RESIDENTIAL
MOBILE/MANUFACTURED HOME	OTHER (Please Describe)
COMMERCIAL	INDUSTRIAL
SINGLE FAMILY	
MULTI-FAMILY	
CONDO	
line & structure replacement	
*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: 1,400	TOTAL PARCEL AREA IN SQUARE FEET: .6 acres
FIRE DEPARTMENT REQUIREMENTS	SPRINKLE ALL	SPRINKLE GARAGE ONLY
FIRE HYDRANTS REQUIRED	PUBLIC (NO. OF HYDRANTS)	PRIVATE (NO. OF HYDRANTS)
IS THERE A WELL ON THE PROPERTY?	YES	NO
WILL A PUMP BE USED TO BOOST PRESSURE?	YES - FIRE SERVICE	YES - DOMESTIC SERVICE
WILL THERE BE LANDSCAPE IRRIGATION?	YES	NO
FLOW OF EACH SPRINKLER HEAD IN GPM:	IF YES, NUMBER OF SPRINKLER HEADS:	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	JACUZZI TUBS	DISHWASHERS	CLOTHES WASHERS			HOSEBIBS	
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 5/5/2020

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

DATE 5/5/2020



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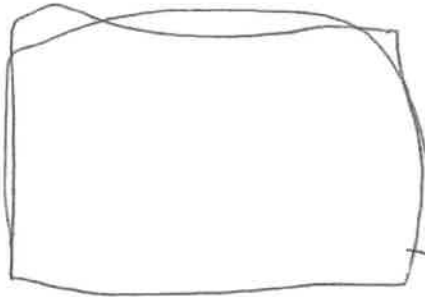
WATER SERVICE APPLICATION

Service Connection Ties

Address:

458 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.



driveway

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

5/6/202

Water Superintendent

0

Date

AMOUNT PAID: \$100.00

CASH/CHECK #

1447

5-5-20

BY S.G.