



# 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: 7/10/20

|   |                   |                                |
|---|-------------------|--------------------------------|
| APPLICANT NAME/CORPORATION<br>Philip Regan              |                   |                                |
| APPLICANT ADDRESS<br>10 Chelmsford St                   |                   | HOME PHONE<br>n/a              |
| CITY<br>Seabrook  | ZIP CODE<br>03874 | WORK/OTHER PHONE<br>6172859403 |
| E-MAIL ADDRESS OF APPLICANT<br>Philip.Regan15@gmail.com |                   |                                |

|   |                   |                                |
|---|-------------------|--------------------------------|
| LANDOWNER/BILLING NAME<br>Philip Regan                  |                   |                                |
| BILLING ADDRESS<br>10 Chelmsford St                     |                   | HOME PHONE<br>n/a              |
| CITY<br>Seabrook  | ZIP CODE<br>03874 | WORK/OTHER PHONE<br>6172859403 |
| E-MAIL ADDRESS OF LANDOWNER<br>Philip.Regan15@gmail.com |                   |                                |

|  |   |                                       |  |
|--|---|---------------------------------------|--|
| SERVICE ADDRESS:<br>10 Chelmsford Street   | ASSESSOR'S MAP-LOT-SEQ<br>Map 21-10 Lot 2       |                                       |  |
| TYPE OF CONSTRUCTION: (Check All That Apply)   |   |                                       |  |
| <input checked="" type="checkbox"/> NEW CONSTRUCTION   | <input checked="" type="checkbox"/> RESIDENTIAL | <input type="checkbox"/> MULTI-FAMILY | <input type="checkbox"/> CONDO                                       |
| <input type="checkbox"/> MOBILE/MANUFACTURED HOME  | <input type="checkbox"/> COMMERCIAL             | <input type="checkbox"/> INDUSTRIAL   | <input type="checkbox"/> OTHER (Please Describe)<br>LINE REPLACEMENT |
| *UNDER 'ADDITIONAL COMMENTS' SECTION, LIST NO. OF BUILDINGS AND NO. OF UNITS IN EACH BUILDING, IF APPLICABLE |   |                                       |  |

|   |                                    |   |    |
|---|------------------------------------|---|----|
| NO. OF STORIES IN BUILDING: 3                               | BUILDING SIZE IN SQUARE FEET: 3400 | TOTAL PARCEL AREA IN SQUARE FEET: 95000 |    |
| FIRE DEPARTMENT REQUIREMENTS: NONE                          | SPRINKLE ALL: NONE                 | SPRINKLE GARAGE ONLY: NONE              |    |
| 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 IN PERL |                   | OCTOBER 2020                           |

### FIXTURE UNIT COUNT - COMPLETE THE QUANTITY OF THE FOLLOWING

| BATHROOM:    |   | KITCHEN:    |   | LAUNDRY ROOM:   |   | MISC/OTHER:   |   |
|--------------|---|-------------|---|-----------------|---|---------------|---|
| TUBS/SHOWERS | 2 | DISHWASHERS | 1 | CLOTHES WASHERS | 1 | HOSEBIBS      | 0 |
| TUBS ONLY    | 0 | SINKS       | 1 | SINKS           |   | BAR SINKS     | 0 |
| SHOWERS ONLY | 4 |             |   |                 |   | POOL (SIZE: ) | 0 |
| SINKS        | 6 |             |   |                 |   | DESCRIBE:     |   |
| JACUZZI TUBS | 0 |             |   |                 |   |               |   |
| TOILETS      | 6 |             |   |                 |   |               |   |
| URINALS      | 0 |             |   |                 |   |               |   |
| BIDETS       | 0 |             |   |                 |   |               |   |

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

LAND OWNER'S SIGNATURE Philip H Regan DATE 7/10/20

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 OFFICER'S NAME & TITLE (PRINT)

APPLICANT/CORPORATION'S OFFICER SIGNATURE Philip H Regan DATE 7/10/20



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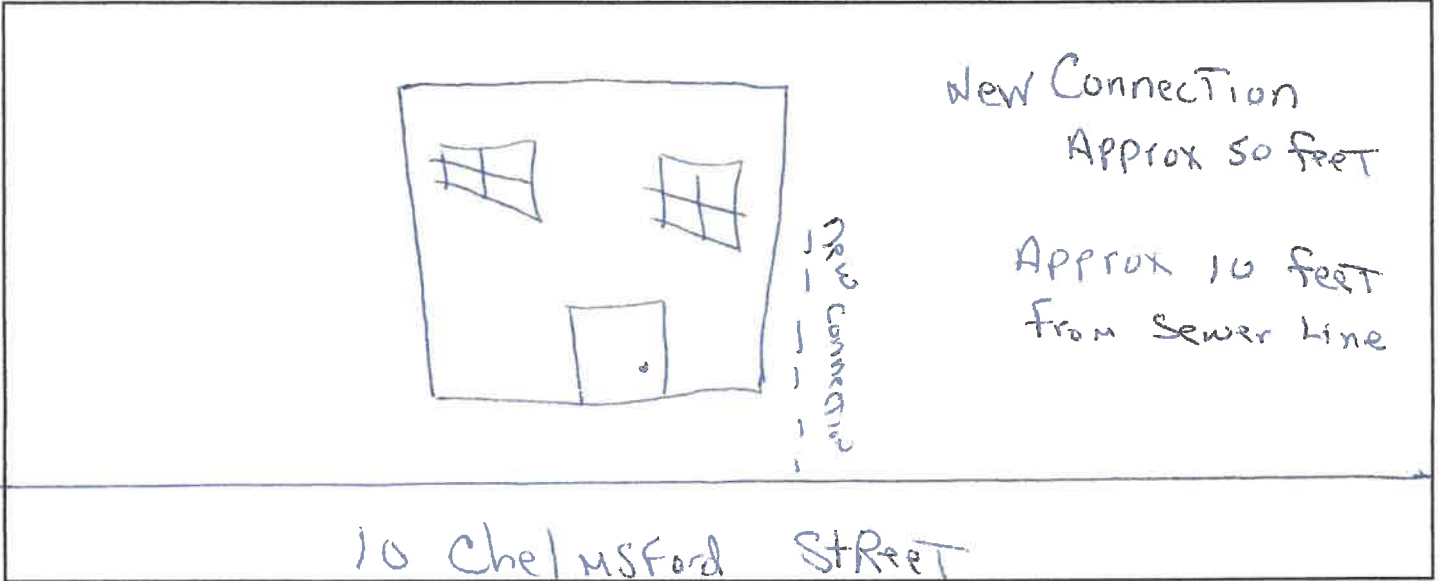
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WATER SERVICE APPLICATION

Service Connection Ties

Address: 10 Chelmsford Street

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)

*Cat. Sturjo* 7/13/202 \_\_\_\_\_

Water Superintendent 0 Date

AMOUNT PAID: \_\_\_\_\_ CASH/CHECK # \_\_\_\_\_ 7-13-20 BY S.G.

BILLED \$160.00