



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: 7/14/2020

APPLICANT NAME/CORPORATION <u>MARK Potvin</u>	
APPLICANT ADDRESS <u>135 Farm Lane</u>	HOME PHONE
CITY <u>Seabrook</u>	ZIP CODE <u>03874</u>
E-MAIL ADDRESS OF APPLICANT <u>Potvin9@outlook.com</u>	

LANDOWNER/BILLING NAME <u>Mark Potvin</u>	
BILLING ADDRESS <u>135 Farm Lane</u>	HOME PHONE
CITY <u>Seabrook, NH</u>	ZIP CODE <u>03874</u>
E-MAIL ADDRESS OF LANDOWNER <u>Potvin9@outlook.com</u>	

SERVICE ADDRESS: <u>150 A Farm Lane</u>	ASSESSOR'S MAP-LOT-SEQ: <u>13-85-3</u>
TYPE OF CONSTRUCTION: (Check All That Apply)	
<input checked="" type="checkbox"/> MOBILE/MANUFACTURED HOME	<input type="checkbox"/> COMMERCIAL
<input type="checkbox"/> INDUSTRIAL	<input checked="" type="checkbox"/> RESIDENTIAL SINGLE FAMILY
<input type="checkbox"/> OTHER (Please Describe) <u>line replacement</u>	<input type="checkbox"/> MULTI-FAMILY
<input type="checkbox"/> CONDO	

*UNDER 'ADDITIONAL COMMENTS' SECTION, LIST NO. OF BUILDINGS AND NO. OF UNITS IN EACH BUILDING, IF APPLICABLE

NO. OF STORIES IN BUILDING: <u>1</u>	BUILDING SIZE IN SQUARE FEET: <u>1170</u>	TOTAL PARCEL AREA IN SQUARE FEET: <u>77,630</u>
FIRE DEPARTMENT REQUIREMENTS <input checked="" type="checkbox"/> NONE	<input type="checkbox"/> SPRINKLE ALL	<input type="checkbox"/> SPRINKLE GARAGE ONLY
FIRE HYDRANTS REQUIRED <input checked="" type="checkbox"/> NONE	PUBLIC (NO. OF HYDRANTS <u> </u>)	PRIVATE (NO. OF HYDRANTS <u> </u>)
IS THERE A WELL ON THE PROPERTY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	USING RECYCLED WATER? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
WILL A PUMP BE USED TO BOOST PRESSURE? YES - FIRE SERVICE <input type="checkbox"/> YES - DOMESTIC SERVICE <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
WILL THERE BE LANDSCAPE IRRIGATION? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	IF YES, NUMBER OF SPRINKLER HEADS: <u> </u>	
FLOW OF EACH SPRINKLER HEAD IN GPM: <u> </u>	TOTAL IRRIGATED AREA IN SQUARE FEET: <u> </u>	

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
<u>potable</u>	<u>residential</u>	<u>?</u>	<u>5/8"</u>	<u>?</u>	<u>?</u>

FIXTURE UNIT COUNT - COMPLETE THE QUANTITY OF THE FOLLOWING

BATHROOM:		KITCHEN:		LAUNDRY ROOM:		MISC/OTHER:	
TUBS/SHOWERS <u>2</u>	JACUZZI TUBS <u> </u>	DISHWASHERS <u>1</u>	CLOTHES WASHERS <u>1</u>	HOSEBIBS <u> </u>			
TUBS ONLY <u> </u>	TOILETS <u>2</u>	SINKS <u>1</u>	SINKS <u> </u>	BAR SINKS <u> </u>			
SHOWERS ONLY <u> </u>	URINALS <u> </u>			POOL (SIZE: <u> </u>)			
SINKS <u>2</u>	BIDETS <u> </u>			DESCRIBE: <u> </u>			

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

LAND OWNER'S SIGNATURE Mark Potvin DATE 7/14/2020

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 Mark Potvin DATE 7/14/2020



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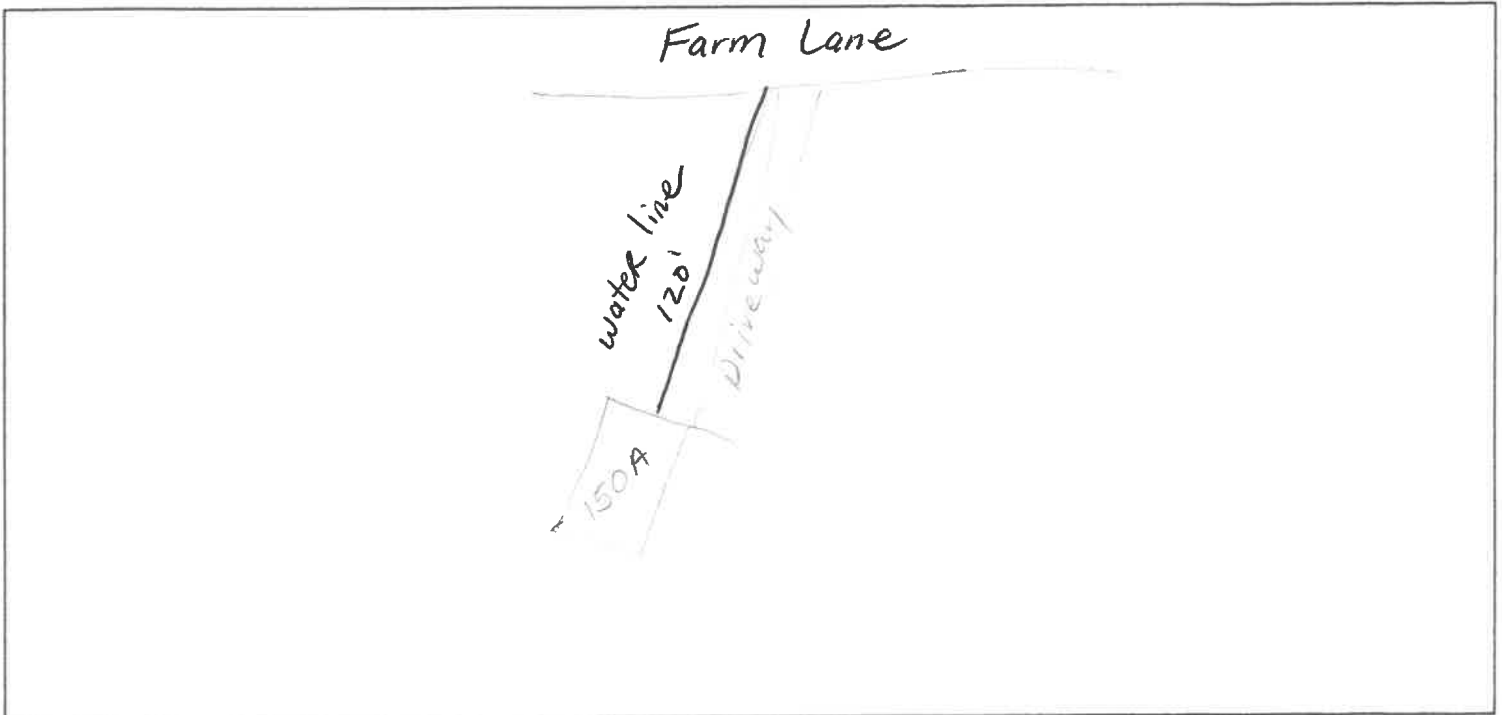
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WATER SERVICE APPLICATION

Service Connection Ties

Address: 150 A Farm Lane

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 Stryker
Water Superintendent

7/15/2020
Date

AMOUNT PAID: \$ 100.00

CASH/CHECK # 703

DATE RECEIVED 7-14-20

BY E.W.