



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: 7/15/2020

APPLICANT NAME/CORPORATION
Cote + Foster Cont.

APPLICANT ADDRESS
20 Aegean drive unit 15

CITY/STATE
Methuen Ma

E-MAIL ADDRESS OF APPLICANT
steve@coteandfoster.com

HOME/WORK PHONE
1978-423-6429

ZIP CODE
01844

WORK/OTHER PHONE
1788828518

LANDOWNER/BILLING NAME
Souter David A & Robertson Catherine M

BILLING ADDRESS
9 ROLLING RIDGE RD

CITY/STATE
Windham, NH

E-MAIL ADDRESS OF LANDOWNER
catsout@comcast.net

HOME/WORK PHONE
(603) 898-2330

ZIP CODE
03087

WORK/OTHER PHONE

SERVICE ADDRESS: **319 ATLANTIC AVENUE** ASSESSOR'S MAP-LOT-SEQ: **22-6-3**

TYPE OF CONSTRUCTION: (Check All That Apply) NEW CONSTRUCTION RESIDENTIAL SINGLE FAMILY MULTI-FAMILY CONDO

MOBILE/MANUFACTURED HOME COMMERCIAL INDUSTRIAL OTHER (Please Describe) replacing home & water line

**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: 3910 TOTAL PARCEL AREA IN SQUARE FEET: 8,800

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	<u>0</u>	JACUZZI TUBS	<u>0</u>	DISHWASHERS	<u>1</u>	CLOTHES WASHERS	<u>2</u>
TUBS ONLY	<u>0</u>	TOILETS	<u>4</u>	SINKS	<u>1</u>	SINKS	<u>0</u>
SHOWERS ONLY	<u>3</u>	URINALS	<u>0</u>				
SINKS	<u>5</u>	BIDETS	<u>0</u>				
						POOL (SIZE: _____)	
						DESCRIBE:	

LAND OWNER'S SIGNATURE *Catherine M. Robertson Souter* DATE **7-15-20**

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 *Cote + Foster Cont.* OFFICER'S NAME & TITLE (PRINT) *Steven M. Cote V.P.*

APPLICANT/CORPORATION'S OFFICER SIGNATURE *[Signature]* DATE **7/15/2020**



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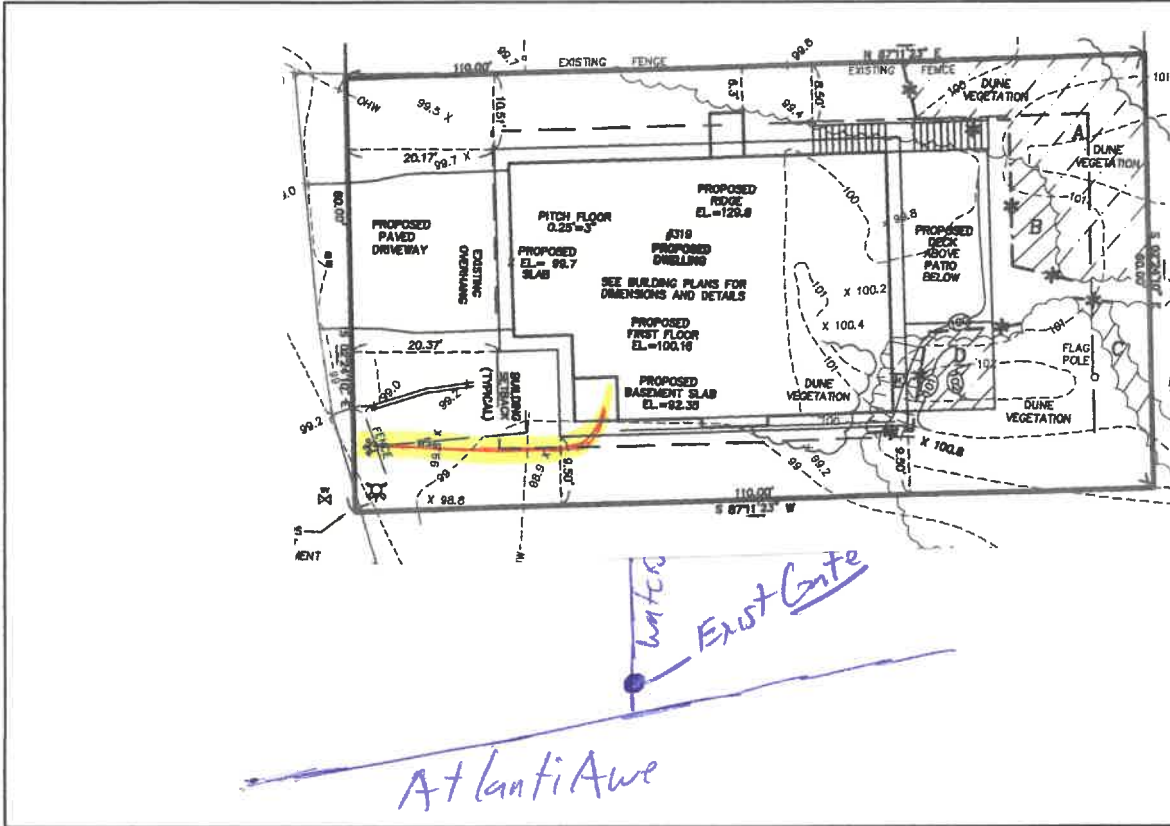
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Service Connection Ties

Address: 319 Atlantic Avenue

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 Sturjo
Water Superintendent

7/17/202
0 Date

AMOUNT PAID: 100.00 CASH/CHECK # 10/6 DATE RECEIVED 7-15-20 BY S.6.