



# 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  
Patrick + Meghan Coughlin

APPLICANT ADDRESS  
38 Hooksett St.

CITY  
Seabrook

ZIP CODE  
03874

WORK/OTHER PHONE  
617-413-6195

E-MAIL ADDRESS OF APPLICANT  
MKCoughlin@comcast.net

LANDOWNER/BILLING NAME  
PM Coughlin Trust

BILLING ADDRESS  
106 Luce St.

CITY  
Lowell, Ma

ZIP CODE  
01852

WORK/OTHER PHONE  
617-413-6195

E-MAIL ADDRESS OF LANDOWNER  
MKCoughlin@comcast.net

SERVICE ADDRESS: 38 Hooksett St. Seabrook ASSESSOR'S MAP-LOT-SEQ 21-38

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: 3 BUILDING SIZE IN SQUARE FEET: 3148 TOTAL PARCEL AREA IN SQUARE FEET: .11 acre

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		1 PERL 3/8		SPRING 2021

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

<b>BATHROOM:</b>		<b>KITCHEN:</b>		<b>LAUNDRY ROOM:</b>		<b>MISC/OTHER:</b>	
TUBS/SHOWERS	<input type="text" value="1"/>	JACUZZI TUBS	<input type="text"/>	DISHWASHERS	<input type="text" value="1"/>	CLOTHES WASHERS	<input type="text" value="1"/>
TUBS ONLY	<input type="text" value="1"/>	TOILETS	<input type="text" value="3"/>	SINKS	<input type="text" value="1"/>	SINKS	<input type="text"/>
SHOWERS ONLY	<input type="text" value="2"/>	URINALS	<input type="text"/>		<input type="text"/>		<input type="text"/>
SINKS	<input type="text" value="65"/>	BIDETS	<input type="text"/>		<input type="text"/>	POOL (SIZE: <u>    </u> )	<input type="text"/>
						DESCRIBE:	<input type="text"/>

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

LAND OWNER'S SIGNATURE *Patrick Coughlin* 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 *Patrick J. Coughlin* DATE 7/10/20



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## WATER SERVICE APPLICATION

### Service Connection Ties

Address: 38 Hooksett st. Seabrook, NH

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.



HOOKSETT, ST

#### 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. Stryker  
Water Superintendent

7/13/202

0 Date

AMOUNT PAID: \$100.00

CASH/CHECK # 2649

7-13-20

BY S.G.