



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 7-23-20

APPLICANT NAME/CORPORATION <u>GLORIA DiGERONIMO</u>	
APPLICANT ADDRESS <u>6 GROVELAND STREET</u>	HOME PHONE <u>(978) 660-0450</u>
CITY <u>SEABROOK</u>	ZIP CODE <u>03874</u>
E-MAIL ADDRESS OF APPLICANT _____	

LANDOWNER/BILLING NAME <u>GLORIA DiGERONIMO</u>	
BILLING ADDRESS <u>6 Groveland St</u>	HOME PHONE _____
CITY <u>Seabrook NH</u>	ZIP CODE <u>03874</u>
E-MAIL ADDRESS OF LANDOWNER _____	

SERVICE ADDRESS: <u>6 GROVELAND ST.</u>	ASSESSOR'S MAP-LOT-SEQ <u>22-6-2</u>
TYPE OF CONSTRUCTION: (Check All That Apply) <input type="checkbox"/> NEW CONSTRUCTION <input type="checkbox"/> RESIDENTIAL <input type="checkbox"/> SINGLE FAMILY <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) <u>EMERGENCY REPAIR</u>	
*UNDER 'ADDITIONAL COMMENTS' SECTION, LIST NO. OF BUILDINGS AND NO. OF UNITS IN EACH BUILDING, IF APPLICABLE	

NO. OF STORIES IN BUILDING: <u>1 3/4</u>	BUILDING SIZE IN SQUARE FEET: <u>3315</u>	TOTAL PARCEL AREA IN SQUARE FEET: <u>0.11 ACRES</u>
FIRE DEPARTMENT REQUIREMENTS	<input type="checkbox"/> NONE <input type="checkbox"/> SPRINKLE ALL <input type="checkbox"/> SPRINKLE GARAGE ONLY	
FIRE HYDRANTS REQUIRED	<input type="checkbox"/> NONE <input type="checkbox"/> PUBLIC (NO. OF HYDRANTS _____) <input type="checkbox"/> PRIVATE (NO. OF HYDRANTS _____)	
IS THERE A WELL ON THE PROPERTY?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input type="checkbox"/> USING RECYCLED WATER? <input type="checkbox"/> YES <input type="checkbox"/> NO
WILL A PUMP BE USED TO BOOST PRESSURE?	<input type="checkbox"/> YES - FIRE SERVICE <input type="checkbox"/> YES - DOMESTIC SERVICE <input type="checkbox"/> NO	
WILL THERE BE LANDSCAPE IRRIGATION?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> 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
<u>POTABLE</u>	<u>RESIDENTIAL</u>		<u>5/8</u>		<u>EXISTING</u>

FIXTURE UNIT COUNT - COMPLETE THE QUANTITY OF THE FOLLOWING

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

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

LAND OWNER'S SIGNATURE [Signature] DATE 7/23/20

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 [Signature] DATE 7/23/20



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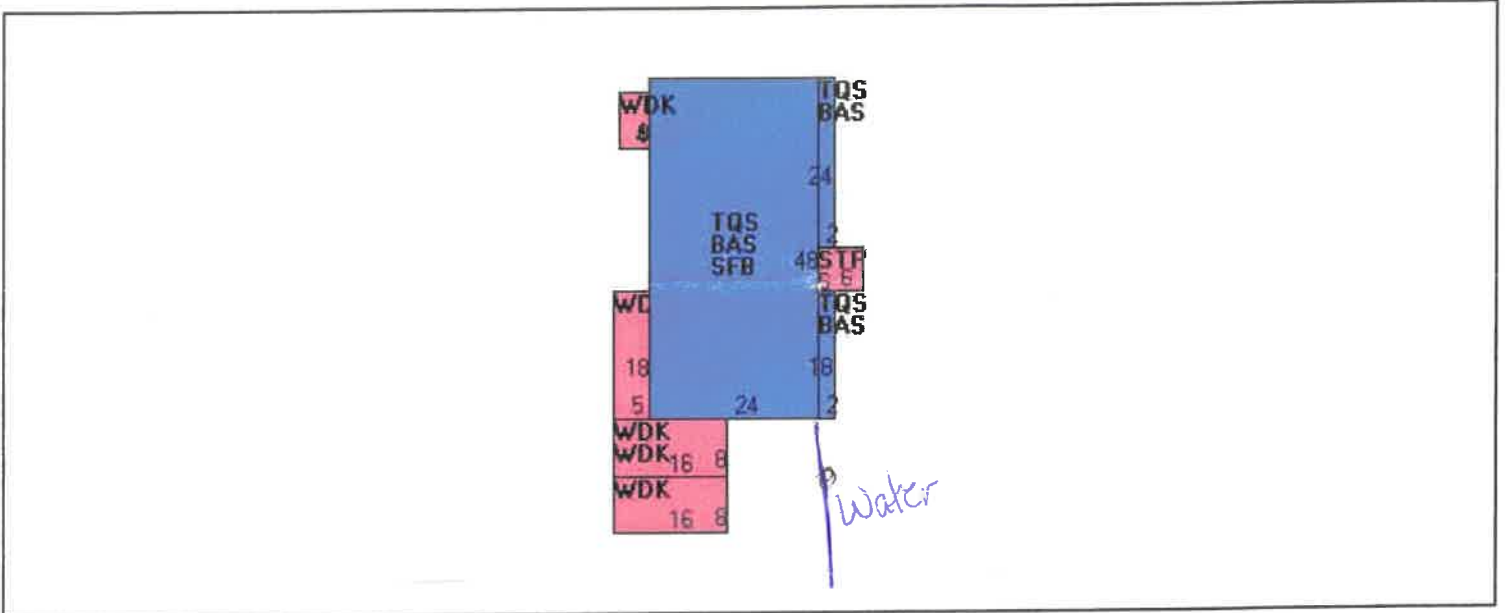
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WATER SERVICE APPLICATION

Service Connection Ties

Address: 6 GROVELAND ST

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 Skyles
Water Superintendent

7/23/202

0 Date

AMOUNT PAID: \$50.00

CASH/CHECK # 6415

7-23-20

BY S. G.

\$ 50.00 - REPAIR
PAYABLE TO
TOWN OF SEABROOK