



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: 8-7-20

APPLICANT NAME/CORPORATION <u>William McClellan 177 Ash Swamp Rd LLC.</u>		
APPLICANT ADDRESS <u>52 Wholley Way</u>		HOME PHONE <u>603-281-5427</u>
CITY <u>Portsmouth NH</u>	ZIP CODE <u>05801</u>	WORK/OTHER PHONE
E-MAIL ADDRESS OF APPLICANT <u>BillyMcClellan@mac.com</u>		

LANDOWNER/BILLING NAME <u>William McClellan 177 Swamp Rd LLC</u>		
BILLING ADDRESS		HOME PHONE
CITY	ZIP CODE	WORK/OTHER PHONE
E-MAIL ADDRESS OF LANDOWNER		

SERVICE ADDRESS: <u>219-2 South Main St.</u>	ASSESSOR'S MAP-LOT-SEQ <u>16-12-2</u>			
TYPE OF CONSTRUCTION: (Check All That Apply)				
<input type="checkbox"/> NEW CONSTRUCTION	<input checked="" type="checkbox"/> RESIDENTIAL	<input checked="" 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)	
*UNDER 'ADDITIONAL COMMENTS' SECTION, LIST NO. OF BUILDINGS AND NO. OF UNITS IN EACH BUILDING, IF APPLICABLE				

NO. OF STORIES IN BUILDING: <u>2</u>	BUILDING SIZE IN SQUARE FEET: <u>2000</u>	TOTAL PARCEL AREA IN SQUARE FEET: <u>45,000</u>	
FIRE DEPARTMENT REQUIREMENTS	<input checked="" type="checkbox"/> NONE	SPRINKLE ALL	SPRINKLE GARAGE ONLY
FIRE HYDRANTS REQUIRED	<input checked="" type="checkbox"/> NONE	PUBLIC (NO. OF HYDRANTS)	PRIVATE (NO. OF HYDRANTS)
IS THERE A WELL ON THE PROPERTY?	YES	<input checked="" type="checkbox"/> NO	USING RECYCLED WATER? YES <input type="checkbox"/> NO <input type="checkbox"/>
WILL A PUMP BE USED TO BOOST PRESSURE?	YES - FIRE SERVICE	YES - DOMESTIC SERVICE	<input checked="" type="checkbox"/> NO
WILL THERE BE LANDSCAPE IRRIGATION?	YES	<input checked="" type="checkbox"/> 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
<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>	CLOTHES WASHERS	<u>1</u>	HOSEBIBS	<u> </u>
TUBS ONLY	<u> </u>	TOILETS	<u>3</u>	SINKS	<u> </u>	BAR SINKS	<u> </u>
SHOWERS ONLY	<u> </u>	URINALS	<u> </u>			POOL (SIZE: _____)	<u> </u>
SINKS	<u>3</u>	BIDETS	<u> </u>			DESCRIBE:	<u> </u>

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

LAND OWNER'S SIGNATURE [Signature] DATE 8-7-20

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 8-7-20



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

Service Connection Ties

Address: 219-2 South MAIN 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 Slyter

8/10/2020

Water Superintendent

0

Date

AMOUNT PAID: \$ 1300.00

CASH/CHECK # 1597

8-7-20

BY E.W.