



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

1300

APPLICANT INFO SAME AS LANDOWNER? YES NO

DATE: 7/30/20

APPLICANT NAME/CORPORATION FOLLANSBEE RAYMOND & EDITH M			
APPLICANT ADDRESS 34 Maple Ridge Rd		HOME/WORK PHONE (603) 944-5603	
CITY/STATE Seabrook, NH	ZIP CODE 03874	WORK/OTHER PHONE	
E-MAIL ADDRESS OF APPLICANT			

LANDOWNER/BILLING NAME FOLLANSBEE RAYMOND & EDITH M			
BILLING ADDRESS 34 Maple Ridge Rd		HOME/WORK PHONE (603) 944-5603	
CITY/STATE Seabrook, NH	ZIP CODE 03874	WORK/OTHER PHONE	
E-MAIL ADDRESS OF LANDOWNER			

SERVICE ADDRESS: 22B Dwight Ave	ASSESSOR'S MAP-LOT-SEQ: 8-87-2			
TYPE OF CONSTRUCTION: (Check All That Apply)				
NEW CONSTRUCTION	<input checked="" type="checkbox"/> RESIDENTIAL	<input checked="" type="checkbox"/> SINGLE FAMILY	MULTI-FAMILY	CONDO
MOBILE/MANUFACTURED HOME	COMMERCIAL	INDUSTRIAL	<input checked="" type="checkbox"/> OTHER (Please Describe) <u>new house</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</u>	BUILDING SIZE IN SQUARE FEET: <u>1008</u>	TOTAL PARCEL AREA IN SQUARE FEET: <u>1.3 ac</u>	
FIRE DEPARTMENT REQUIREMENTS	<input checked="" type="radio"/> NONE	SPRINKLE ALL	SPRINKLE GARAGE ONLY
FIRE HYDRANTS REQUIRED	<input checked="" type="radio"/> NONE	PUBLIC (NO. OF HYDRANTS <u> </u>)	PRIVATE (NO. OF HYDRANTS <u> </u>)
IS THERE A WELL ON THE PROPERTY?	YES <input type="radio"/> NO <input checked="" type="radio"/>	USING RECYCLED WATER?	YES <input type="radio"/> NO <input type="radio"/>
WILL A PUMP BE USED TO BOOST PRESSURE?	YES - FIRE SERVICE <input type="radio"/>	YES - DOMESTIC SERVICE	<input checked="" type="radio"/> NO
WILL THERE BE LANDSCAPE IRRIGATION?	YES <input type="radio"/> NO <input checked="" type="radio"/>	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: <u> </u>			

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	<input type="text" value="1"/>	DISHWASHERS	<input type="text" value="1"/>	CLOTHES WASHERS	<input type="text" value="1"/>	HOSEBIBS	<input type="text"/>
TUBS ONLY	<input type="text"/>	SINKS	<input type="text" value="1"/>	SINKS	<input type="text"/>	BAR SINKS	<input type="text"/>
SHOWERS ONLY	<input type="text"/>					POOL (SIZE: <u> </u>)	<input type="text"/>
SINKS	<input type="text" value="1"/>					DESCRIBE:	<input type="text"/>
JACUZZI TUBS	<input type="text"/>						
TOILETS	<input type="text" value="1"/>						
URINALS	<input type="text"/>						
BIDETS	<input type="text"/>						

LAND OWNER'S SIGNATURE X Raymond Follansbee

DATE 7-30-20

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

X Raymond Follansbee

DATE 7-30-20



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WATER SERVICE APPLICATION

Service Connection Ties

Address: 22B Dwight Ave

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)

Water Superintendent

7/31/2020
Date

AMOUNT PAID: 1,300.00 CASH/CHECK # 9398 DATE RECEIVED 7/31/20 BY S.G.