



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: 8/11/20

APPLICANT NAME/CORPORATION Bruce G Brown		
APPLICANT ADDRESS 42 Washington St	HOME PHONE 474-2646	
CITY Seabrook NH	ZIP CODE 03874	WORK/OTHER PHONE
E-MAIL ADDRESS OF APPLICANT		

LANDOWNER/BILLING NAME Bruce G. Brown		
BILLING ADDRESS 42 Washington St.	HOME PHONE 603-474-2646	
CITY Seabrook NH	ZIP CODE 03874	WORK/OTHER PHONE 603-474-0540
E-MAIL ADDRESS OF LANDOWNER bbrown1423@comcast.net		

SERVICE ADDRESS: 45 Bruce Rd.	ASSESSOR'S MAP-LOT-SEQ: 15-102-49
TYPE OF CONSTRUCTION: (Check All That Apply)	
<input checked="" type="checkbox"/> MOBILE/MANUFACTURED HOME	<input type="checkbox"/> COMMERCIAL
<input type="checkbox"/> INDUSTRIAL	<input type="checkbox"/> OTHER (Please Describe) change in service
*UNDER 'ADDITIONAL COMMENTS' SECTION, LIST NO. OF BUILDINGS AND NO. OF UNITS IN EACH BUILDING, IF APPLICABLE	

NO. OF STORIES IN BUILDING: 1	BUILDING SIZE IN SQUARE FEET: 1774	TOTAL PARCEL AREA IN SQUARE FEET: _____
FIRE DEPARTMENT REQUIREMENTS	<input checked="" type="radio"/> NONE	<input type="radio"/> SPRINKLE ALL
FIRE HYDRANTS REQUIRED	<input checked="" type="radio"/> NONE	<input type="radio"/> SPRINKLE GARAGE ONLY
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 checked="" type="radio"/>
WILL A PUMP BE USED TO BOOST PRESSURE?	YES - FIRE SERVICE <input type="radio"/>	YES - DOMESTIC SERVICE <input checked="" type="radio"/> NO <input type="radio"/>
WILL THERE BE LANDSCAPE IRRIGATION?	YES <input type="radio"/> NO <input checked="" type="radio"/>	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	1	DISHWASHERS	1	CLOTHES WASHERS	1	HOSE BIBS	2
TUBS ONLY		SINKS	1	SINKS	1	BAR SINKS	
SHOWERS ONLY	1					POOL (SIZE: _____)	
SINKS	3					DESCRIBE:	
JACUZZI TUBS							
TOILETS	2						
URINALS							
BIDETS							

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

LAND OWNER'S SIGNATURE Bruce A. Brown DATE 8/11/20

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 Bruce A. Brown OFFICER'S NAME & TITLE (PRINT) _____

APPLICANT/CORPORATION'S OFFICER SIGNATURE _____ DATE 8/11/20



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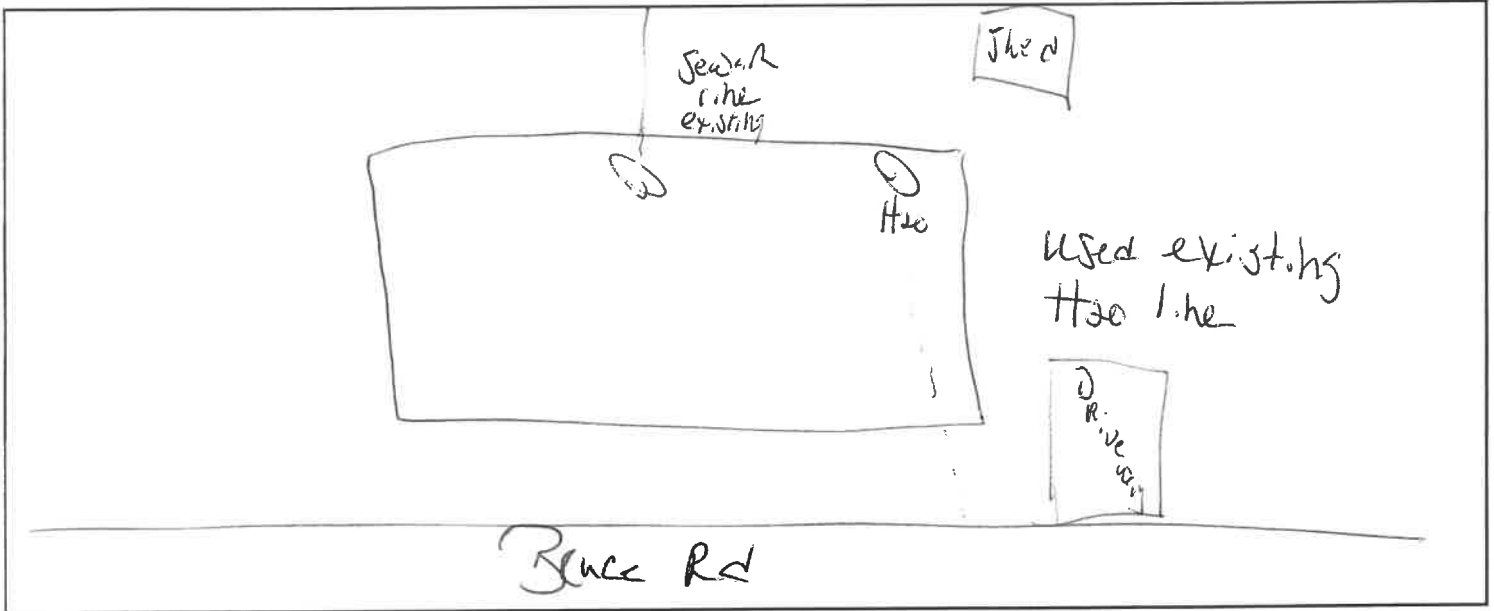
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WATER SERVICE APPLICATION

Service Connection Ties

Address: 49 Bruce Rd

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)

[Signature]
Water Superintendent

8/14/2020
Date

AMOUNT PAID: \$ 50.00

CASH/CHECK # 3084

8-11-20

BY E.W.