



TOWN OF SEABROOK PUBLIC WATER SYSTEM

550 Route 107 ~ PO Box 458, Seabrook, NH 03874

Phone: (603) 474-9921 Fax: (603) 474-3399

WATER SERVICE APPLICATION

APPLICANT INFO SAME AS LANDOWNER? YES NO

DATE: 9-10-2020

| | | |
|---|--------------------------|---|
| APPLICANT NAME/CORPORATION <u>Susan Nicoll</u> | | |
| APPLICANT ADDRESS <u>121-C Farm Lane</u> | | HOME PHONE |
| CITY <u>Seabrook</u> | ZIP CODE <u>03874</u> | WORK/OTHER PHONE <u>603-560-1367</u> |
| E-MAIL ADDRESS OF APPLICANT <u>Sperick@comcast.net</u> | | |

| | | |
|--|--------------------------|-------------------------------------|
| LANDOWNER/BILLING NAME <u>WILLIAM & VIVIAN PRIEST</u> | | |
| BILLING ADDRESS <u>127 FARM LN</u> | | HOME PHONE |
| CITY <u>SEABROOK, N.H</u> | ZIP CODE <u>03874</u> | WORK/OTHER PHONE <u>560-1367</u> |
| E-MAIL ADDRESS OF LANDOWNER <u>JUTUBABY1929</u> | | |

| | |
|---|--------------------------------------|
| SERVICE ADDRESS: <u>127 FARM LANE</u> | ASSESSOR'S MAP-LOT-SEQ <u>12-42-</u> |
| TYPE OF CONSTRUCTION: (Check All That Apply) <input checked="" type="radio"/> NEW CONSTRUCTION <input checked="" type="radio"/> RESIDENTIAL <input checked="" type="radio"/> SINGLE FAMILY <input type="radio"/> MULTI-FAMILY <input type="radio"/> CONDO | |
| MOBILE/MANUFACTURED HOME <input type="radio"/> COMMERCIAL <input type="radio"/> INDUSTRIAL <input type="radio"/> OTHER (Please Describe) <u>M/H REPLACEMENT</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>924</u> | TOTAL PARCEL AREA IN SQUARE FEET: _____ |
| FIRE DEPARTMENT REQUIREMENTS <input checked="" type="radio"/> NONE | SPRINKLE ALL <input type="radio"/> | SPRINKLE GARAGE ONLY <input type="radio"/> |
| FIRE HYDRANTS REQUIRED <input checked="" type="radio"/> NONE | PUBLIC (NO. OF HYDRANTS) _____ | PRIVATE (NO. OF HYDRANTS) _____ |
| IS THERE A WELL ON THE PROPERTY? YES <input type="radio"/> NO <input checked="" type="radio"/> | YES - FIRE SERVICE <input type="radio"/> | YES - DOMESTIC SERVICE <input checked="" type="radio"/> |
| WILL A PUMP BE USED TO BOOST PRESSURE? YES <input type="radio"/> NO <input checked="" type="radio"/> | YES <input type="radio"/> | NO <input checked="" type="radio"/> |
| WILL THERE BE LANDSCAPE IRRIGATION? YES <input type="radio"/> NO <input checked="" type="radio"/> | IF YES, NUMBER OF SPRINKLER HEADS: <u>N/A</u> | TOTAL IRRIGATED AREA IN SQUARE FEET: <u>N/A</u> |
| FLOW OF EACH SPRINKLER HEAD IN GPM: <u>N/A</u> | | |
| 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> | | |

FIXTURE UNIT COUNT - COMPLETE THE QUANTITY OF THE FOLLOWING

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

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

LAND OWNER'S SIGNATURE William Priest Vivian Priest DATE 9-10-20

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 Susan Nicoll DATE 9/10/2020



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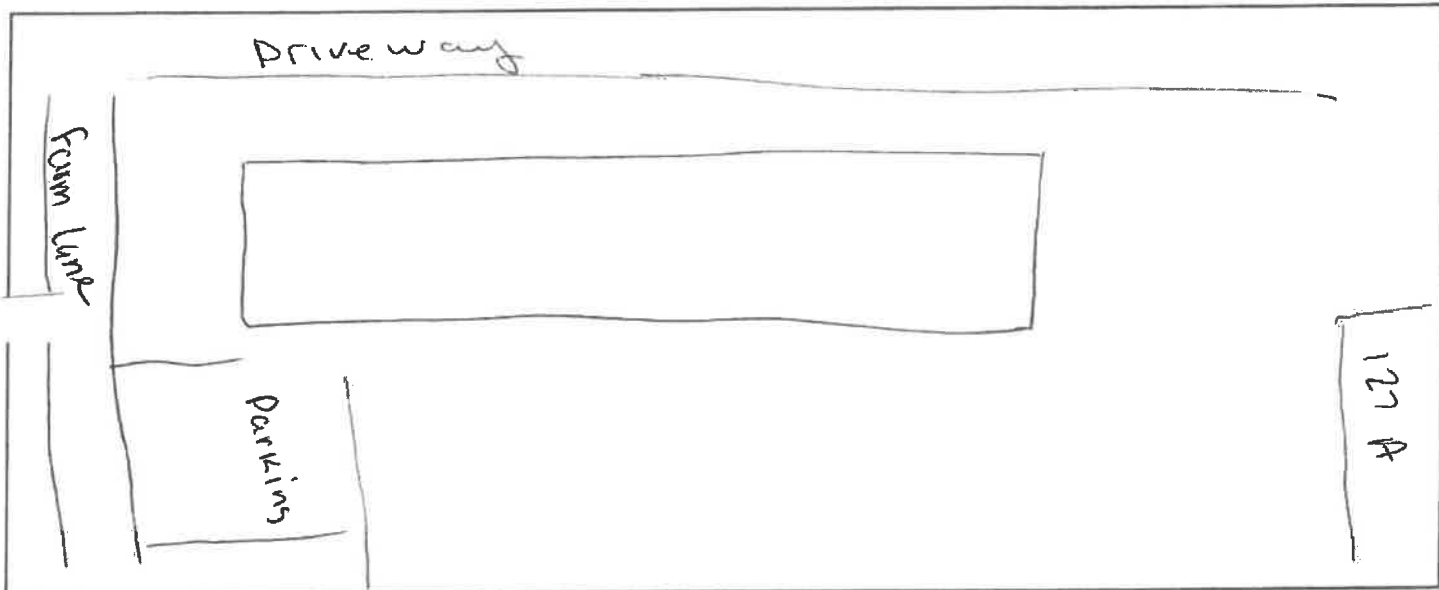
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WATER SERVICE APPLICATION

Service Connection Ties

Address: 127 FARM LANE

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

9/15/2020

0

Date

AMOUNT PAID: \$ 50.00

CASH/CHECK # 161

SEPT 14, 2020

BY S.G.