



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: 9-10-20

APPLICANT NAME/CORPORATION Cullen Brian		
APPLICANT ADDRESS 230 Kirby Ave	HOME/WORK PHONE (603) 474-2201	
CITY/STATE Warwick, RI	ZIP CODE 02889	WORK/OTHER PHONE (781) 729-6107
E-MAIL ADDRESS OF APPLICANT cullenlicuor@gmail.com		

LANDOWNER/BILLING NAME Cullen Dorothy Trust / Cullen Brian TTEE		
BILLING ADDRESS 230 Kirby Ave	HOME/WORK PHONE (603) 474-2201	
CITY/STATE Warwick, RI	ZIP CODE 02889	WORK/OTHER PHONE (781) 729-6107
E-MAIL ADDRESS OF LANDOWNER		

SERVICE ADDRESS: 150 OCEAN BLVD	ASSESSOR'S MAP-LOT-SEQ: 22-19			
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>line repair</u>	
*UNDER 'ADDITIONAL COMMENTS' SECTION, LIST NO. OF BUILDINGS AND NO. OF UNITS IN EACH BUILDING, IF APPLICABLE				

NO. OF STORIES IN BUILDING: _____	BUILDING SIZE IN SQUARE FEET: _____	TOTAL PARCEL AREA IN SQUARE FEET: _____	
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 _____)	PRIVATE (NO. OF HYDRANTS _____)
IS THERE A WELL ON THE PROPERTY?	YES	<input checked="" type="radio"/> NO	USING RECYCLED WATER? YES <input checked="" type="radio"/> NO
WILL A PUMP BE USED TO BOOST PRESSURE?	YES - FIRE SERVICE	YES - DOMESTIC SERVICE	<input checked="" type="radio"/> NO
WILL THERE BE LANDSCAPE IRRIGATION?	<input checked="" type="radio"/> YES	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
potable	residential	-	5/8"	-	-

FIXTURE UNIT COUNT - COMPLETE THE QUANTITY OF THE FOLLOWING

BATHROOM:		KITCHEN:		LAUNDRY ROOM:		MISC/OTHER:			
TUBS/SHOWERS	<input type="checkbox"/>	JACUZZI TUBS	<input type="checkbox"/>	DISHWASHERS	<input checked="" type="checkbox"/>	CLOTHES WASHERS	<input checked="" type="checkbox"/>	HOSEBIBS	<input type="checkbox"/>
TUBS ONLY	<input type="checkbox"/>	TOILETS	<input checked="" type="checkbox"/>	SINKS	<input checked="" type="checkbox"/>	SINKS	<input type="checkbox"/>	BAR SINKS	<input type="checkbox"/>
SHOWERS ONLY	<input checked="" type="checkbox"/>	URINALS	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	POOL (SIZE: _____)	<input type="checkbox"/>
SINKS	<input checked="" type="checkbox"/>	BIDETS	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	DESCRIBE:	<input type="checkbox"/>

LAND OWNER'S SIGNATURE

DATE

9/10/2020

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

DATE



TOWN OF SEABROOK PUBLIC WATER SYSTEM

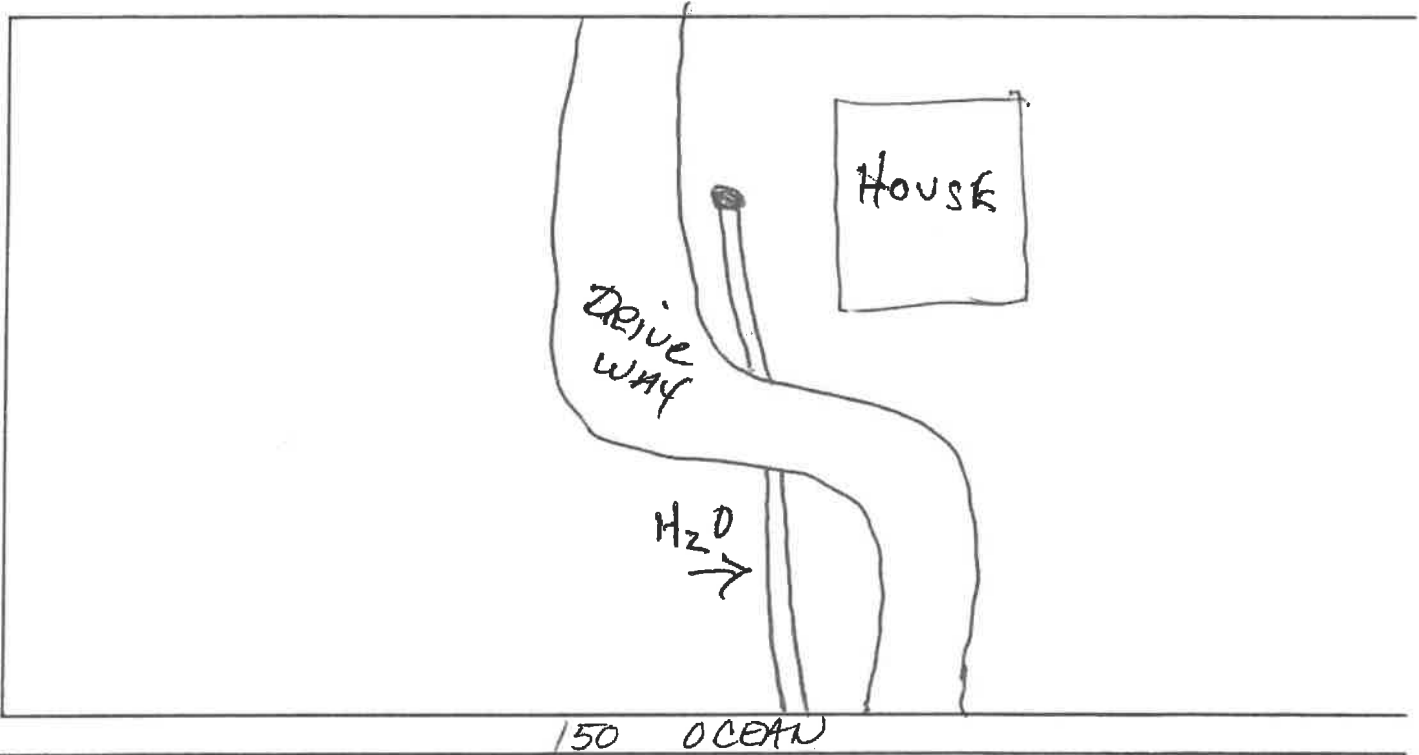
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WATER SERVICE APPLICATION

Service Connection Ties

Address: 150 Ocean Blvd

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.



Ties
8

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)

Cat. Skrzto

9/14/202

Water Superintendent

0

Date

AMOUNT PAID: 50.00

CASH/CHECK # _____

DATE RECEIVED 9/10/20

BY S.G.