



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: 9/9/20

APPLICANT NAME/CORPORATION Barnes Steven		
APPLICANT ADDRESS 33 Beckman Lndg		HOME/WORK PHONE (603) 814-1198
CITY/STATE Seabrook, NH	ZIP CODE 03874	WORK/OTHER PHONE
E-MAIL ADDRESS OF APPLICANT		

LANDOWNER/BILLING NAME Barnes Steven		
BILLING ADDRESS 33 Beckman Lndg		HOME/WORK PHONE (603) 814-1198
CITY/STATE Seabrook NH	ZIP CODE 03874	WORK/OTHER PHONE
E-MAIL ADDRESS OF LANDOWNER		

SERVICE ADDRESS: 33 BECKMAN LANDING	ASSESSOR'S MAP-LOT-SEQ: 13-82-9
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	
MOBILE/MANUFACTURED HOME <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> INDUSTRIAL <input checked="" type="checkbox"/> OTHER (Please Describe) <u>leak repair (EMERGENCY)</u>	
*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>3400</u>	TOTAL PARCEL AREA IN SQUARE FEET: <u>1.96</u>
FIRE DEPARTMENT REQUIREMENTS <input checked="" type="radio"/> NONE <input type="radio"/> SPRINKLE ALL <input type="radio"/> SPRINKLE GARAGE ONLY		
FIRE HYDRANTS REQUIRED <input checked="" type="radio"/> NONE <input type="radio"/> PUBLIC (NO. OF HYDRANTS _____) PRIVATE (NO. OF HYDRANTS _____)		
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"/>		
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	<u>1</u>	DISHWASHERS	<u>1</u>	CLOTHES WASHERS	<u>1</u>	HOSEBIBS	
JACUZZI TUBS	<u>1</u>	SINKS	<u>1</u>	SINKS		BAR SINKS	
TUBS ONLY	<u>1</u>					POOL (SIZE: _____)	
SHOWERS ONLY	<u>1</u>					DESCRIBE:	
SINKS	<u>3</u>						
TOILETS	<u>3</u>						
URINALS							
BIDETS							

LAND OWNER'S SIGNATURE [Signature]

DATE 9/9/20

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 9/9/20



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Service Connection Ties

Address: 33 Beckman Landing

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)

Cat Sturjo

9/9/202

Water Superintendent

0

Date

AMOUNT PAID: 50⁰⁰

CASH/CHECK # 294

DATE RECEIVED 9/9/20

BY EW