



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: 9-23-2020

APPLICANT NAME/CORPORATION <u>THOMAS FLINN</u>		LANDOWNER/BILLING NAME	
APPLICANT ADDRESS <u>10 DOWS LANE</u>		BILLING ADDRESS	
CITY <u>SEABROOK NH</u>	ZIP CODE <u>03874</u>	HOME PHONE	WORK/OTHER PHONE
E-MAIL ADDRESS OF APPLICANT <u>TRUCK1020@HOTMAIL.COM</u>		E-MAIL ADDRESS OF LANDOWNER <u>same</u>	

SERVICE ADDRESS: <u>10 DOWS LANE</u>	ASSESSOR'S MAP-LOT-SEQ
TYPE OF CONSTRUCTION: (Check All That Apply)	RESIDENTIAL <input checked="" type="radio"/> SINGLE FAMILY <input type="radio"/> MULTI-FAMILY <input type="radio"/> CONDO <input type="radio"/>
MOBILE/MANUFACTURED HOME <input type="radio"/> COMMERCIAL <input type="radio"/> INDUSTRIAL <input type="radio"/> OTHER (Please Describe)	
*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>1300</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 <u>1</u>)	PRIVATE (NO. OF HYDRANTS <u>1</u>)
IS THERE A WELL ON THE PROPERTY? <input checked="" type="radio"/> YES <input type="radio"/> NO	USING RECYCLED WATER? <input type="radio"/> YES <input checked="" type="radio"/> NO	
WILL A PUMP BE USED TO BOOST PRESSURE? <input type="radio"/> YES - FIRE SERVICE <input type="radio"/> YES - DOMESTIC SERVICE <input checked="" type="radio"/> NO		
WILL THERE BE LANDSCAPE IRRIGATION? <input type="radio"/> YES <input checked="" type="radio"/> NO	IF YES, NUMBER OF SPRINKLER HEADS: <u>1</u>	
FLOW OF EACH SPRINKLER HEAD IN GPM: <u>15</u>	TOTAL IRRIGATED AREA IN SQUARE FEET: <u>1300</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>		<u>SEPTEMBER</u>

FIXTURE UNIT COUNT - COMPLETE THE QUANTITY OF THE FOLLOWING

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

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

LAND OWNER'S SIGNATURE Thomas Flinn

DATE

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 Thomas Flinn

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Service Connection Ties

Address: 10 DOW'S 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.

Sketch of the service connection and property layout. The sketch shows a rectangular property with a small circle inside, likely representing a house. Above the property, the text "STREET" is written, and "10 DOW'S LANE" is written below it. A line connects the street to the property, with "100" written next to it, indicating the approximate length of the service connection.

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)

Carl Stryker

9/24/202

Water Superintendent

0

Date

AMOUNT PAID: 100.00

CASH/CHECK #

100.00

9/23/20

BY S.G.