



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: 9/30/2020

APPLICANT NAME/CORPORATION
Glenn T. Saba, Pres, GSDC Development Corp

APPLICANT ADDRESS
7 Kelly Ln

CITY/STATE
Atkinson, NH

E-MAIL ADDRESS OF APPLICANT
gsaba@comcast.net

HOME/WORK PHONE
9788157073

WORK/OTHER PHONE

ZIP CODE
03811

LANDOWNER/BILLING NAME
Quinn Barbara

BILLING ADDRESS
78 Reservoir Ridge Rd

CITY/STATE
Southington, CT

E-MAIL ADDRESS OF LANDOWNER
kqsul@aol.com

HOME/WORK PHONE
(617) 688-3612

WORK/OTHER PHONE

ZIP CODE
06489

SERVICE ADDRESS: 16 ATLANTIC AVENUE ASSESSOR'S MAP-LOT-SEQ: 21-509

TYPE OF CONSTRUCTION: (Check All That Apply) NEW CONSTRUCTION RESIDENTIAL SINGLE FAMILY MULTI-FAMILY CONDO

MOBILE/MANUFACTURED HOME COMMERCIAL INDUSTRIAL OTHER (Please Describe) razing structure

**UNDER 'ADDITIONAL COMMENTS' SECTION, LIST NO. OF BUILDINGS AND NO. OF UNITS IN EACH BUILDING, IF APPLICABLE*

NO. OF STORIES IN BUILDING: 2 BUILDING SIZE IN SQUARE FEET: 2880 TOTAL PARCEL AREA IN SQUARE FEET: 5000

FIRE DEPARTMENT REQUIREMENTS NONE SPRINKLE ALL SPRINKLE GARAGE ONLY

FIRE HYDRANTS REQUIRED NONE PUBLIC (NO. OF HYDRANTS) PRIVATE (NO. OF HYDRANTS)

IS THERE A WELL ON THE PROPERTY? YES NO USING RECYCLED WATER? YES NO

WILL A PUMP BE USED TO BOOST PRESSURE? YES - FIRE SERVICE YES - DOMESTIC SERVICE NO

WILL THERE BE LANDSCAPE IRRIGATION? 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
<u>potable</u>	<u>residential</u>	<u>-</u>	<u>5/8"</u>	<u>-</u>	<u>-</u>

FIXTURE UNIT COUNT - COMPLETE THE QUANTITY OF THE FOLLOWING

BATHROOM:		KITCHEN:		LAUNDRY ROOM:		MISC/OTHER:	
TUBS/SHOWERS	<u>1</u>	JACUZZI TUBS	<u> </u>	DISHWASHERS	<u>1</u>	CLOTHES WASHERS	<u>1</u>
TUBS ONLY	<u> </u>	TOILETS	<u>3</u>	SINKS	<u>1</u>	SINKS	<u> </u>
SHOWERS ONLY	<u>2</u>	URINALS	<u> </u>		<u> </u>		<u> </u>
SINKS	<u>4</u>	BIDETS	<u> </u>		<u> </u>	POOL (SIZE: <u> </u>)	<u> </u>
						DESCRIBE:	<u> </u>

LAND OWNER'S SIGNATURE Quinn Quinn DATE 10/1/2020

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 GSDC Development Corp OFFICER'S NAME & TITLE (PRINT) Glenn T. Saba, Pres

APPLICANT/CORPORATION'S OFFICER SIGNATURE Glenn T. Saba, Pres DATE 10/1/2020



TOWN OF SEABROOK PUBLIC WATER SYSTEM

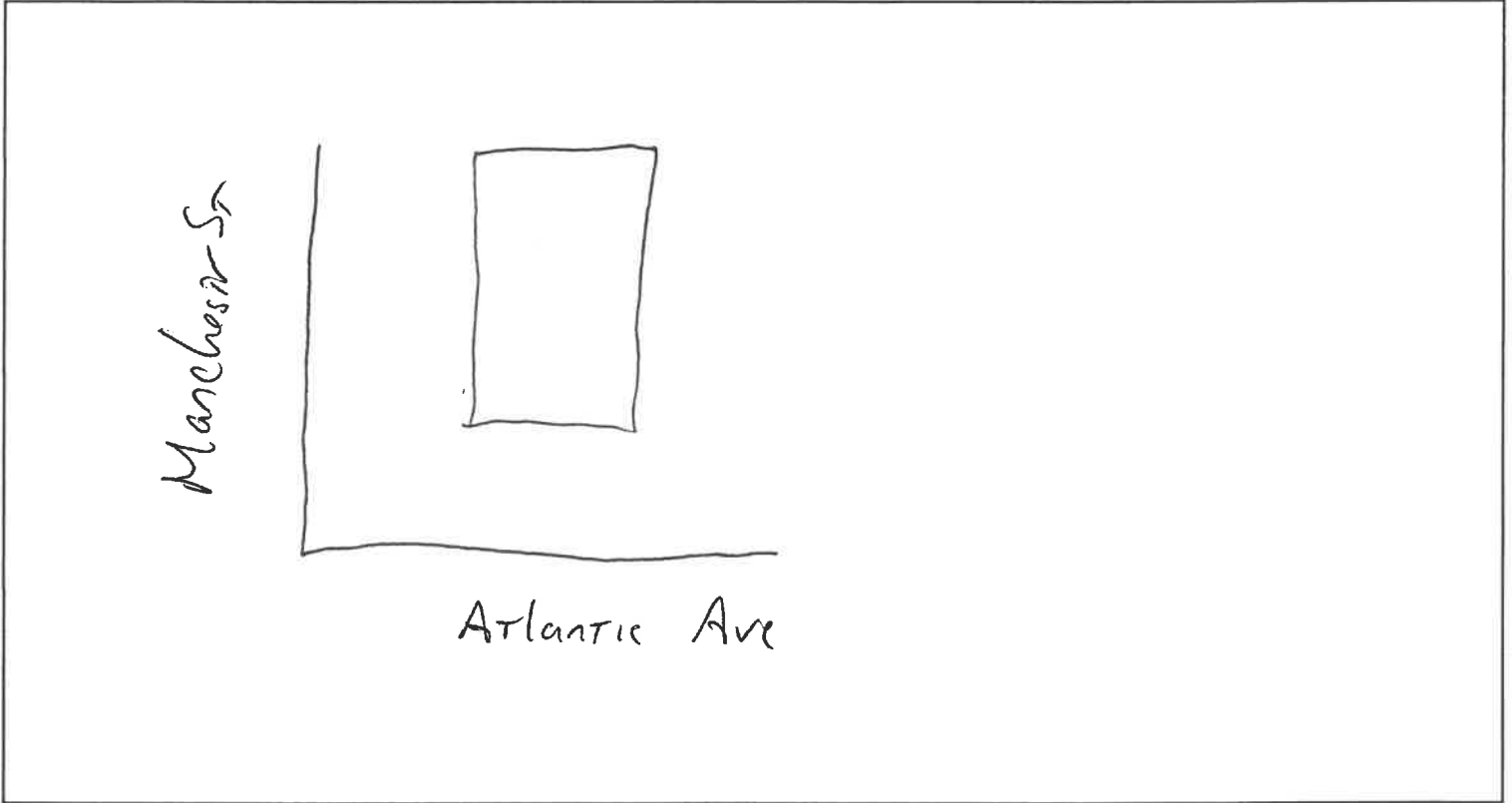
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Service Connection Ties

Address: 16 ATLANTIC AVENUE

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)

Water Superintendent

10/15/2020
Date

AMOUNT PAID: 50⁰⁰

CASH/CHECK # 139

DATE RECEIVED 10/1/20

BY EW