



# 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:

9-29-2020

APPLICANT NAME/CORPORATION KLN Construction	
APPLICANT ADDRESS 70 Bridge Street #1	HOME/WORK PHONE 6039668905
CITY/STATE Pelham NH	ZIP CODE 03076
E-MAIL ADDRESS OF APPLICANT KLNconstruction@gmail.com	

LANDOWNER/BILLING NAME Maurer Neil E	
BILLING ADDRESS 196 Tilton St	HOME/WORK PHONE
CITY/STATE Seabrook, NH	ZIP CODE 03874
E-MAIL ADDRESS OF LANDOWNER neil.maurer1958@gmail.com	

SERVICE ADDRESS: 196 TILTON STREET	ASSESSOR'S MAP-LOT-SEQ: 20-196
TYPE OF CONSTRUCTION: (Check All That Apply) <input checked="" type="checkbox"/> NEW CONSTRUCTION <input checked="" type="checkbox"/> RESIDENTIAL <input type="checkbox"/> SINGLE FAMILY <input type="checkbox"/> MULTI-FAMILY <input type="checkbox"/> CONDO <input type="checkbox"/> MOBILE/MANUFACTURED HOME <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> INDUSTRIAL <input checked="" type="checkbox"/> OTHER (Please Describe) <u>house demolition/rebuild</u>	
*UNDER 'ADDITIONAL COMMENTS' SECTION, LIST NO. OF BUILDINGS AND NO. OF UNITS IN EACH BUILDING, IF APPLICABLE	

NO. OF STORIES IN BUILDING: 1	BUILDING SIZE IN SQUARE FEET: # 1316	TOTAL PARCEL AREA IN SQUARE FEET: 5000
FIRE DEPARTMENT REQUIREMENTS <input checked="" type="checkbox"/> 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 <input checked="" type="checkbox"/> NO	USING RECYCLED WATER? YES <input checked="" type="checkbox"/> NO	
WILL A PUMP BE USED TO BOOST PRESSURE? YES - FIRE SERVICE YES - DOMESTIC SERVICE NO		
WILL THERE BE LANDSCAPE IRRIGATION? YES <input checked="" type="checkbox"/> 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	JACUZZI TUBS	DISHWASHERS	CLOTHES WASHERS		HOSEBIBS		
TUBS ONLY	TOILETS	SINKS	SINKS		BAR SINKS		
SHOWERS ONLY	URINALS				POOL (SIZE: )		
SINKS	BIDETS				DESCRIBE:		

LAND OWNER'S SIGNATURE

*[Signature]*

DATE

9-24-2020

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

KLN Construction

OFFICER'S NAME & TITLE (PRINT)

Kelly Vanti - Manager

APPLICANT/CORPORATION'S OFFICER SIGNATURE

*[Signature: Kelly Vanti]*

DATE

9-29-2020



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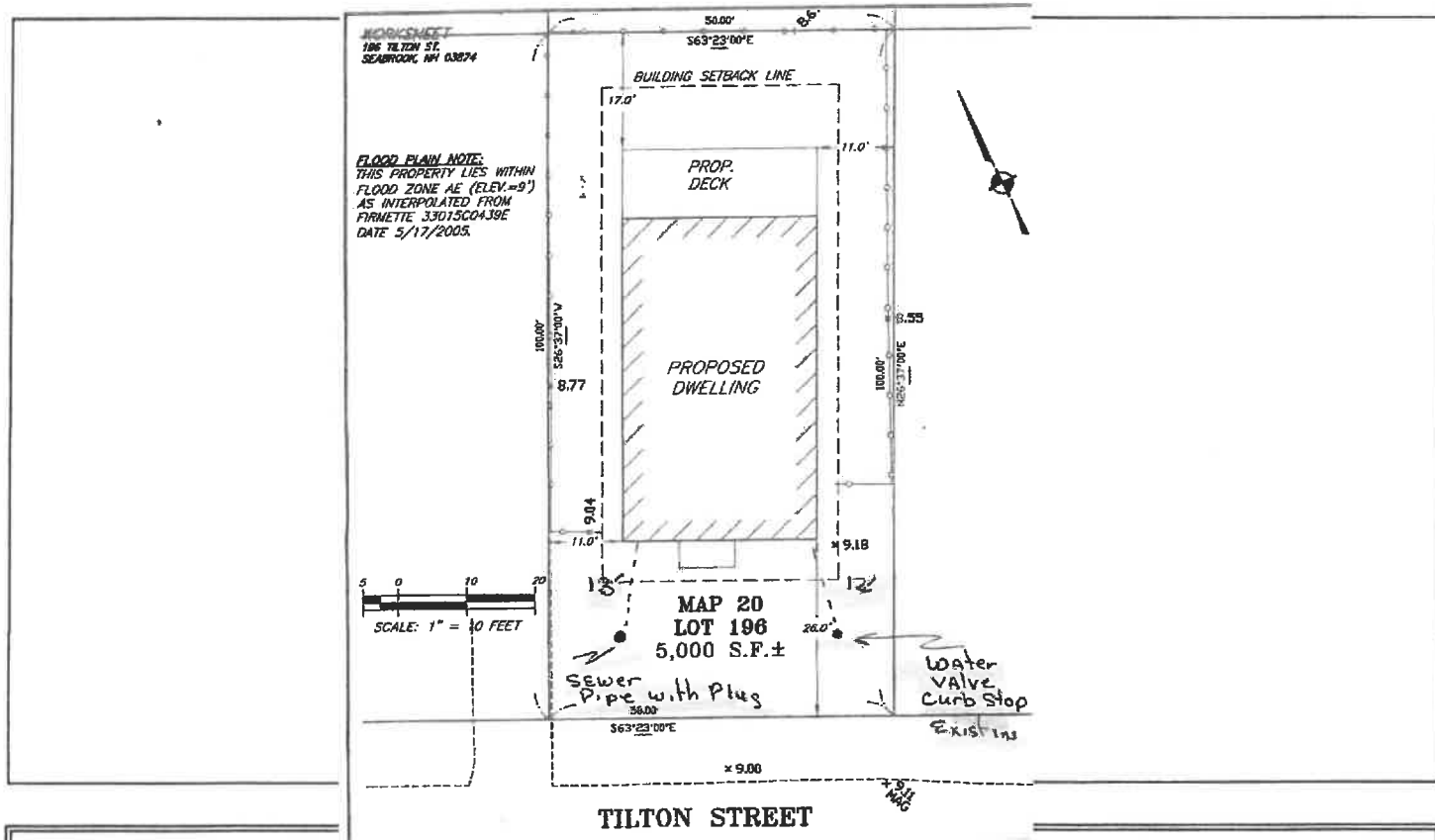
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## WATER SERVICE APPLICATION

### Service Connection Ties

Address: 196 TILTON STREET

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.



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 Skyrto*  
Water Superintendent

9/30/202

0

Date

AMOUNT PAID: \$100.00

CASH/CHECK # 1149

DATE RECEIVED 9-30-20

BY S.G.