



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: 9/23/20

APPLICANT NAME/CORPORATION

John Greene

APPLICANT ADDRESS

9 Pickens Ave

City Seabrook NH

ZIP CODE

WORK/OTHER PHONE

E-MAIL ADDRESS OF APPLICANT

ag Greene 62@comcast.net

HOME PHONE

603-205-3105

WORK/OTHER PHONE

603-205-3105

LANDOWNER/BILLING NAME

John Greene

BILLING ADDRESS

9 Pickens Ave

City Seabrook NH

ZIP CODE

E-MAIL ADDRESS OF LANDOWNER

ag Greene 62@comcast.net

HOME PHONE

603-205-3105

WORK/OTHER PHONE

SERVICE ADDRESS:

9 Pickens Ave

ASSESSOR'S MAP-LOT-SEQ:

10-58-1

TYPE OF CONSTRUCTION: (Check All That Apply)

☒ MOBILE/MANUFACTURED HOME

☐ COMMERCIAL

☐ INDUSTRIAL

☐ OTHER (Please Describe)

☐ NEW CONSTRUCTION

☒ RESIDENTIAL

☐ SINGLE FAMILY

☐ MULTI-FAMILY

☐ CONDO

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

NO. OF STORIES IN BUILDING:

1

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

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:

0

FLOW OF EACH SPRINKLER HEAD IN GPM:

0

TOTAL IRRIGATED AREA IN SQUARE FEET:

0

IF NON-RESIDENTIAL, DESCRIBE BUSINESS TYPE OR USAGE OF LOT:

0

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				EXISTING

FIXTURE UNIT COUNT - COMPLETE THE QUANTITY OF THE FOLLOWING

BATHROOM:	KITCHEN:	LAUNDRY ROOM:	MISC/OTHER:
TUBS/SHOWERS	DISHWASHERS	CLOTHES WASHERS	HOSE/BIGS
TUBS ONLY	SINKS	SINKS	BAR SINKS
SHOWERS ONLY			POOL (SIZE:)
SINKS			DESCRIBE:

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

repair broken water pipe between town pipe + meter

LAND OWNER'S SIGNATURE

John Greene

DATE

9/23/20

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

John H. Greene

DATE

9/23/20



TOWN OF SEABROOK PUBLIC WATER SYSTEM

550 Route 107 ~ PO Box 456, Seabrook, NH 03874

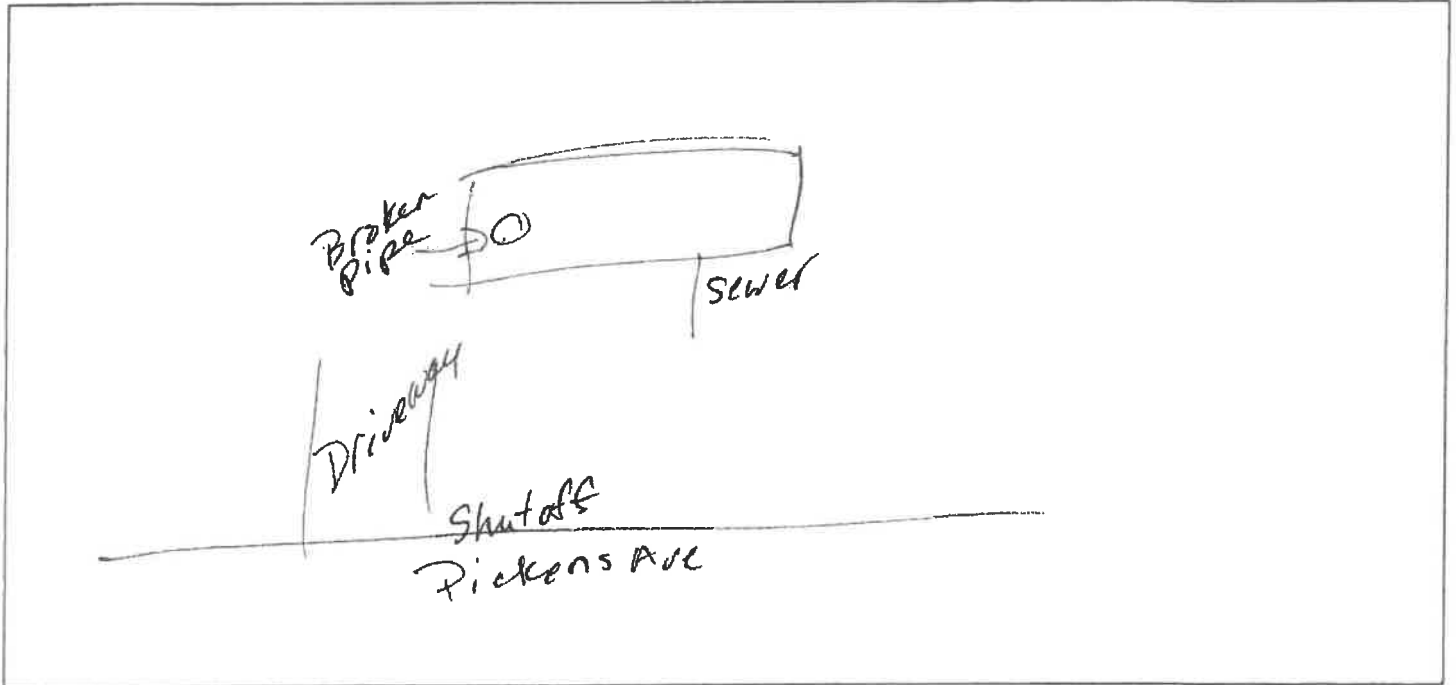
Phone: (603) 474-9921 Fax: (603) 474-3399

WATER SERVICE APPLICATION

Service Connection Ties

Address: 7 Pickens Ave.

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)

Carl Skyles
Water Superintendent

9/24/202

0

Date

AMOUNT PAID: 50⁰⁰

CASH/CHECK # 573

DATE RECEIVED 9/23/20

BY EW