



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: 10/25/20

APPLICANT NAME/CORPORATION Lawrence Perkins			LANDOWNER/BILLING NAME Lawrence Perkins		
APPLICANT ADDRESS 99 Walton Rd		HOME PHONE	BILLING ADDRESS 99 Lafayette Rd		HOME PHONE
CITY Seabrook	ZIP CODE 03874	WORK/OTHER PHONE 394-5916	CITY Seabrook, NH	ZIP CODE 03874	WORK/OTHER PHONE
E-MAIL ADDRESS OF APPLICANT koko@mya.comcast.net			E-MAIL ADDRESS OF LANDOWNER		

SERVICE ADDRESS: 99 Walton Rd ASSESSOR'S MAP-LOT-SEQ: 10-104

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

MOBILE/MANUFACTURED HOME COMMERCIAL INDUSTRIAL 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: 2 BUILDING SIZE IN SQUARE FEET: 3000 TOTAL PARCEL AREA IN SQUARE FEET: 19,000

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
Potable	Residential		5/8"		

FIXTURE UNIT COUNT - COMPLETE THE QUANTITY OF THE FOLLOWING

BATHROOM:		KITCHEN:		LAUNDRY ROOM:		MISC/OTHER:	
TUBS/SHOWERS	1	JACUZZI TUBS		DISHWASHERS	1	CLOTHES WASHERS	1
TUBS ONLY		TOILETS	4	SINKS	2	SINKS	
SHOWERS ONLY	2	URINALS					
SINKS	4	BIDETS					

POOL (SIZE: _____) DESCRIBE: _____

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

LAND OWNER'S SIGNATURE Lawrence Perkins DATE 10/25/20

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 Lawrence Perkins DATE 10/25/20



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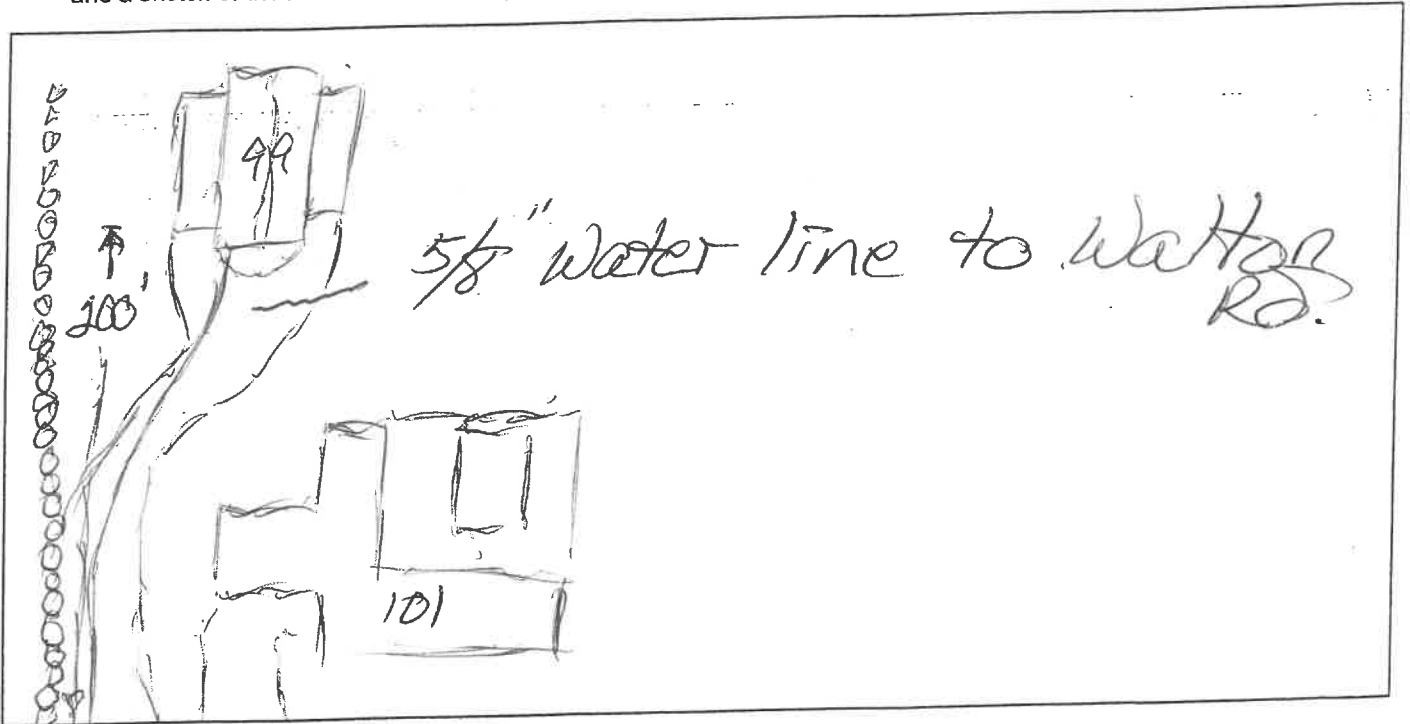
WATER SERVICE APPLICATION

Service Connection Ties

Address:

99 Walton Rd

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)

Chris S. [Signature]
Water Superintendent 0

10/27/202

Date

AMOUNT PAID: 1,300⁰⁰

CASH/CHECK # 639

DATE RECEIVED 10/27/20

BY EW