



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: 10/28/2020

APPLICANT NAME/CORPORATION: Joseph Francisca
APPLICANT ADDRESS: 171 Lower Collins Street
CITY: Haverhill MA
ZIP CODE: 01830
WORK/OTHER PHONE: 978 476 1100
E-MAIL ADDRESS OF APPLICANT: jfrancisca95@gmail.com

LANDOWNER/BILLING NAME: Same
BILLING ADDRESS: Same
CITY: Same
ZIP CODE: Same
WORK/OTHER PHONE:
E-MAIL ADDRESS OF LANDOWNER: Same

SERVICE ADDRESS: 171 Lower Collins Street
ASSESSOR'S MAP-LOT-SEQ: 14-28-100
TYPE OF CONSTRUCTION: NEW CONSTRUCTION RESIDENTIAL SINGLE FAMILY MULTI-FAMILY CONDO
MOBILE/MANUFACTURED HOME COMMERCIAL INDUSTRIAL OTHER (Please Describe)

NO. OF STORIES IN BUILDING: 2
BUILDING SIZE IN SQUARE FEET: 1420
TOTAL PARCEL AREA IN SQUARE FEET: 15,000
FIRE DEPARTMENT REQUIREMENTS: NONE
FIRE HYDRANTS REQUIRED: NONE
IS THERE A WELL ON THE PROPERTY?: YES
WILL A PUMP BE USED TO BOOST PRESSURE?: YES - FIRE SERVICE
WILL THERE BE LANDSCAPE IRRIGATION?: YES
FLOW OF EACH SPRINKLER HEAD IN GPM:
TOTAL IRRIGATED AREA IN SQUARE FEET:

SERVICES - LIST ALL REQUIRED PER PARCEL

Table with 6 columns: POTABLE OR RECYCLED, SERVICE USE (RESIDENTIAL, FIRE, IRRIGATION, ETC.), LATERAL SIZE, METER SIZE, MAX DEMAND IN GPM, ANTICIPATED DATE OF METER INSTALLATION. Row 1: POTABLE, Residential, 5/8

FIXTURE UNIT COUNT - COMPLETE THE QUANTITY OF THE FOLLOWING

BATHROOM: TUBS/SHOWERS 2, TUBS ONLY 0, SHOWERS ONLY 0, SINKS 3
JACUZZI TUBS 0, TOILETS 3, URINALS 0, BIDETS 0
KITCHEN: DISHWASHERS 1, SINKS 1
LAUNDRY ROOM: CLOTHES WASHERS 1, SINKS 0
MISC/OTHER: HOSE/BIBS 0, BAR SINKS 0, POOL (SIZE:) 0, DESCRIBE:

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

LAND OWNER'S SIGNATURE [Signature] DATE 10/28/2020

By signing above, I agree I will 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) Joseph Francisca

APPLICANT/CORPORATION'S OFFICER SIGNATURE [Signature] DATE 10/28/2020



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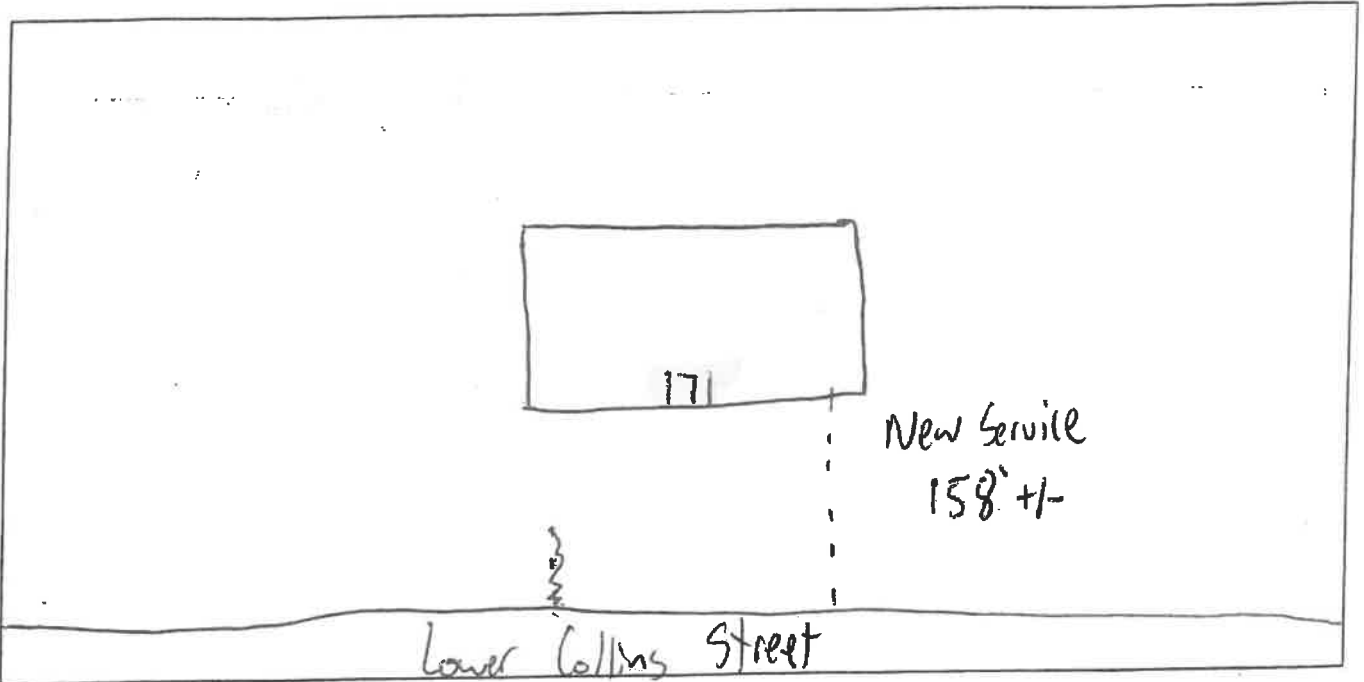
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Service Connection Ties

Address: 171 Lower Collins 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.



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)

Cat. Skyles

11/4/202

Water Superintendent

0

Date

AMOUNT PAID: 1300.00

CASH/CHECK # 1932

DATE RECEIVED 11-4-20

BY S.G.