



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

Form with fields for APPLICANT NAME/CORPORATION, LANDOWNER/BILLING NAME, APPLICANT ADDRESS, HOME PHONE, BILLING ADDRESS, HOME PHONE, CITY, ZIP CODE, WORK/OTHER PHONE, E-MAIL ADDRESS OF APPLICANT, E-MAIL ADDRESS OF LANDOWNER.

Form with fields for SERVICE ADDRESS, ASSESSOR'S MAP-LOT-SEQ, TYPE OF CONSTRUCTION, MOBILE/MANUFACTURED HOME, COMMERCIAL, INDUSTRIAL, OTHER (Please Describe).

Form with fields for NO. OF STORIES IN BUILDING, BUILDING SIZE IN SQUARE FEET, TOTAL PARCEL AREA IN SQUARE FEET, FIRE DEPARTMENT REQUIREMENTS, FIRE HYDRANTS REQUIRED, IS THERE A WELL ON THE PROPERTY?, WILL A PUMP BE USED TO BOOST PRESSURE?, WILL THERE BE LANDSCAPE IRRIGATION?, FLOW OF EACH SPRINKLER HEAD IN GPM, TOTAL IRRIGATED AREA IN SQUARE FEET.

SERVICES - LIST ALL REQUIRED PER PARCEL

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

FIXTURE UNIT COUNT - COMPLETE THE QUANTITY OF THE FOLLOWING

Form with grid for BATHROOM, KITCHEN, LAUNDRY ROOM, MISC/OTHER, including fields for TUBS/SHOWERS, JACUZZI TUBS, TOILETS, URINALS, BIDETS, DISHWASHERS, SINKS, CLOTHES WASHERS, SINKS, HOSEBIBS, BAR SINKS, POOL (SIZE), DESCRIBE.

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

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 Franciosa

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



TOWN OF SEABROOK PUBLIC WATER SYSTEM

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

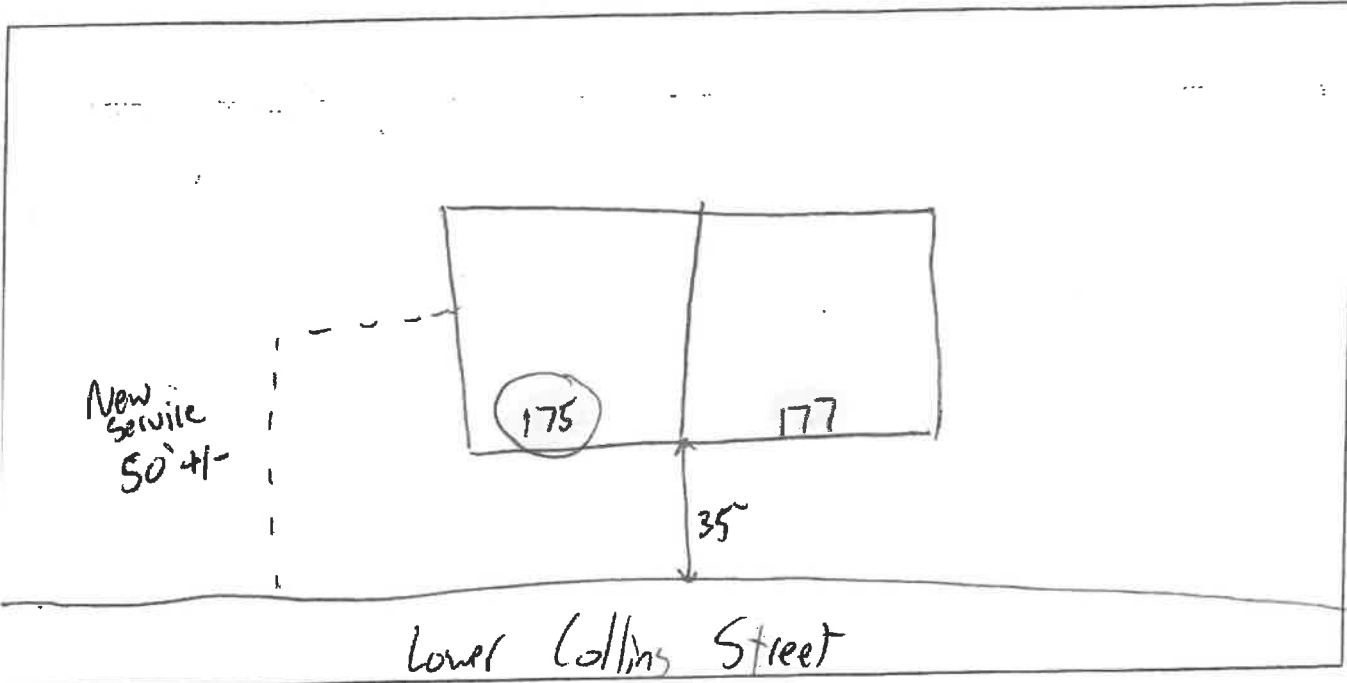
Phone: (603) 474-9921 Fax: (603) 474-3399

WATER SERVICE APPLICATION

Service Connection Ties

Address: 175 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)

Curt Skyles
Water Superintendent

11/04/202
0 Date

AMOUNT PAID: 50.00 CASH/CHECK # 1932 DATE RECEIVED 11-4-20 BY S.6