



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, ADDRESS, PHONE, and LANDOWNER/BILLING NAME.

Form with fields for SERVICE ADDRESS, ASSESSOR'S MAP-LOT-SEQ, and TYPE OF CONSTRUCTION.

Form with fields for NO. OF STORIES IN BUILDING, BUILDING SIZE IN SQUARE FEET, and FIRE DEPARTMENT REQUIREMENTS.

Table with 6 columns: POTABLE OR RECYCLED, SERVICE USE, LATERAL SIZE, METER SIZE, MAX DEMAND IN GPM, ANTICIPATED DATE OF METER INSTALLATION.

Form with columns for BATHROOM, KITCHEN, LAUNDRY ROOM, and MISC/OTHER, containing fixture unit counts.

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

LAND OWNER'S SIGNATURE and DATE 10/28/2020

By signing above, I agree I will hold the Seabrook Water Department responsible for any damages to my property...

CORPORATION NAME and OFFICER'S NAME & TITLE (PRINT) Joseph Francisco

APPLICANT/CORPORATION'S OFFICER SIGNATURE and DATE 10/28/2020



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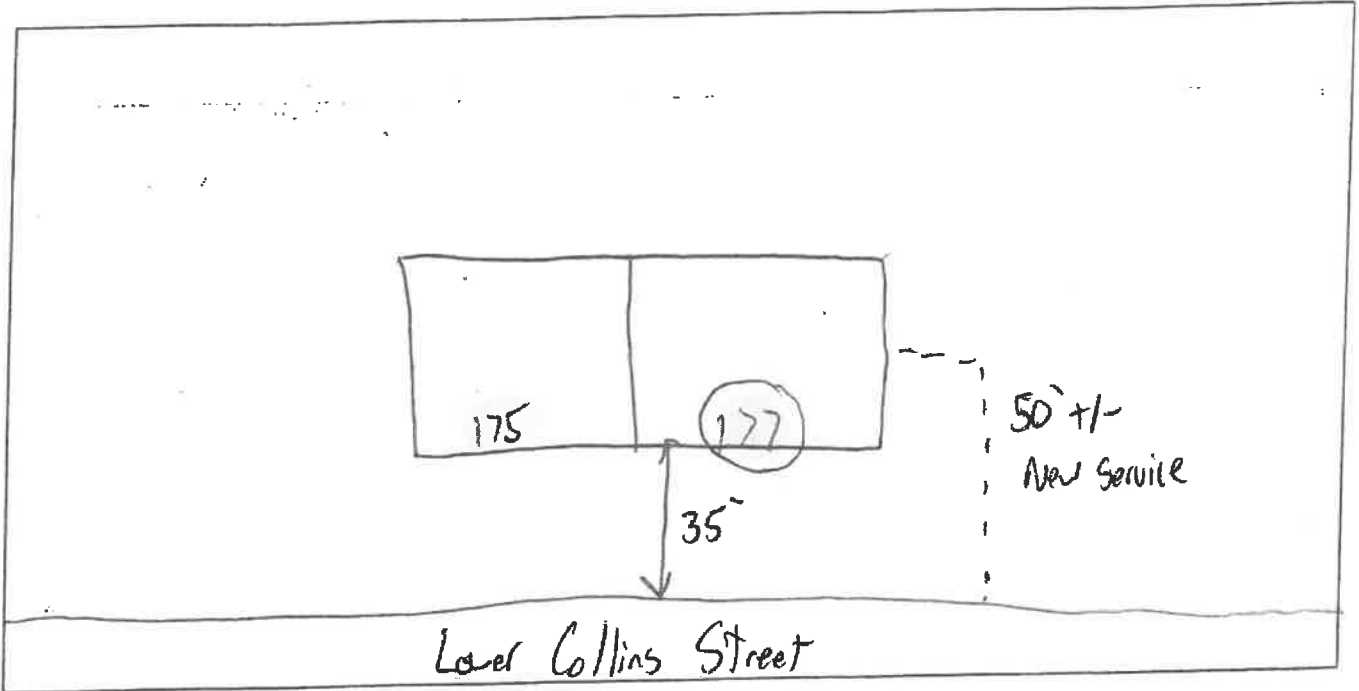
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Service Connection Ties

Address: 177 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)

Curtis Skyles
Water Superintendent

11/04/2020
0

Date

AMOUNT PAID: \$1300.00

CASH/CHECK # 1932

DATE RECEIVED 11-4-20

BY S.G.