



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: 12/23/2020

APPLICANT NAME/CORPORATION <u>Scott Angers</u>	
APPLICANT ADDRESS <u>65 Robert court</u>	HOME PHONE <u>603-491-8590</u>
CITY <u>Manchester</u>	ZIP CODE <u>NH</u>
E-MAIL ADDRESS OF APPLICANT <u>kgj03102@comcast.net</u>	

LANDOWNER/BILLING NAME <u>Scott Angers</u>	
BILLING ADDRESS <u>65 Robert Ct</u>	HOME PHONE <u>(603) 491-8590</u>
CITY <u>Manchester NH</u>	ZIP CODE <u>03103</u>
E-MAIL ADDRESS OF LANDOWNER <u>Scottangers2500@gmail.com</u>	

SERVICE ADDRESS: <u>122 ocean Blvd Seabrook NH</u>	ASSESSOR'S MAP-LOT-SEQ <u>22-23-1</u>
TYPE OF CONSTRUCTION: (Check All That Apply)	NEW CONSTRUCTION <input checked="" type="radio"/> RESIDENTIAL <input type="radio"/> SINGLE FAMILY <input type="radio"/> MULTI-FAMILY <input type="radio"/> CONDO
MOBILE/MANUFACTURED HOME <input type="radio"/> COMMERCIAL <input type="radio"/> INDUSTRIAL <input type="radio"/>	OTHER (Please Describe) <u>EMERGENCY LINE REPLACEMENT</u>
*UNDER 'ADDITIONAL COMMENTS' SECTION, LIST NO. OF BUILDINGS AND NO. OF UNITS IN EACH BUILDING, IF APPLICABLE	

NO. OF STORIES IN BUILDING: <u>1</u>	BUILDING SIZE IN SQUARE FEET: <u>1500</u>	TOTAL PARCEL AREA IN SQUARE FEET: _____
FIRE DEPARTMENT REQUIREMENTS <input checked="" type="radio"/> NONE <input type="radio"/>	SPRINKLE ALL <input type="radio"/>	SPRINKLE GARAGE ONLY <input type="radio"/>
FIRE HYDRANTS REQUIRED <input checked="" type="radio"/> NONE <input type="radio"/>	PUBLIC (NO. OF HYDRANTS) _____	PRIVATE (NO. OF HYDRANTS) _____
IS THERE A WELL ON THE PROPERTY? YES <input type="radio"/> NO <input checked="" type="radio"/>	USING RECYCLED WATER? YES <input type="radio"/> NO <input checked="" type="radio"/>	
WILL A PUMP BE USED TO BOOST PRESSURE? YES - FIRE SERVICE <input type="radio"/> YES - DOMESTIC SERVICE <input checked="" type="radio"/> NO <input type="radio"/>		
WILL THERE BE LANDSCAPE IRRIGATION? YES <input checked="" type="radio"/> NO <input type="radio"/>	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
<u>potable</u>	<u>residential</u>	<u>-</u>	<u>5/8"</u>	<u>-</u>	<u>-</u>

FIXTURE UNIT COUNT - COMPLETE THE QUANTITY OF THE FOLLOWING

BATHROOM:		KITCHEN:		LAUNDRY ROOM:		MISC/OTHER:	
TUBS/SHOWERS <u>2</u>	JACUZZI TUBS <input checked="" type="checkbox"/>	DISHWASHERS <input checked="" type="checkbox"/>	SINKS <u>1</u>	CLOTHES WASHERS <input checked="" type="checkbox"/>	SINKS <input checked="" type="checkbox"/>	HOSEBIBS <input checked="" type="checkbox"/>	BAR SINKS <input checked="" type="checkbox"/>
TUBS ONLY <u>1</u>	TOILETS <u>2</u>					POOL (SIZE: _____) <input checked="" type="checkbox"/>	DESCRIBE: <input checked="" type="checkbox"/>
SHOWERS ONLY <u>0</u>	URINALS <input checked="" type="checkbox"/>						
SINKS <u>2</u>	BIDETS <input checked="" type="checkbox"/>						

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

LAND OWNER'S SIGNATURE Scott Angers

DATE 12/23/20

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 Scott Angers

DATE 12/23/20



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

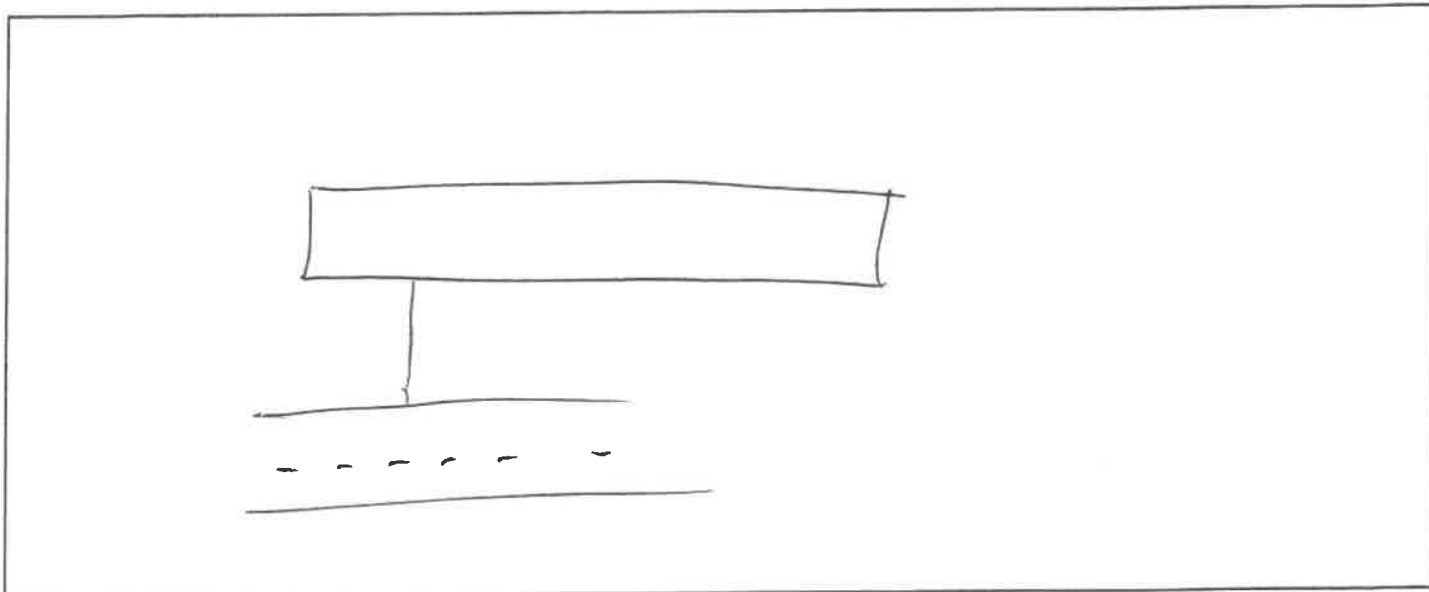
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WATER SERVICE APPLICATION

Service Connection Ties

Address: 122 Ocean Blvd.

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
Water Superintendent

11/23/2020
Date

AMOUNT PAID: \$100.00

CASH/CHECK # cash

11/23/20

BY EW