



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: 11/18/2020

APPLICANT NAME/CORPORATION Lynn & Wayne Amico			LANDOWNER/BILLING NAME Amico Lynn Marie Revoc Realty Trust of 2010		
APPLICANT ADDRESS 79 Wyman Road		HOME/WORK PHONE 978-670-5819	BILLING ADDRESS 79 Wyman Rd		HOME/WORK PHONE (978) 670-5819
CITY/STATE Billerica MA	ZIP CODE 01821	WORK/OTHER PHONE 978-973-3459	CITY/STATE Billerica MA	ZIP CODE 01821	WORK/OTHER PHONE
E-MAIL ADDRESS OF APPLICANT wamico@vhb.com			E-MAIL ADDRESS OF LANDOWNER lynnamico1966@gmail.com		

SERVICE ADDRESS: 152 FRANKLIN STREET	ASSESSOR'S MAP-LOT-SEQ: 20-152
TYPE OF CONSTRUCTION: (Check All That Apply)	
<input type="checkbox"/> NEW CONSTRUCTION <input type="checkbox"/> RESIDENTIAL <input type="checkbox"/> SINGLE FAMILY <input type="checkbox"/> MULTI-FAMILY <input type="checkbox"/> CONDO <input type="checkbox"/> MOBILE/MANUFACTURED HOME <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> INDUSTRIAL <input checked="" type="checkbox"/> OTHER (Please Describe) <u>water service 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: 1	BUILDING SIZE IN SQUARE FEET: 920 sf	TOTAL PARCEL AREA IN SQUARE FEET: 5000
FIRE DEPARTMENT REQUIREMENTS <input checked="" type="checkbox"/> NONE	<input type="checkbox"/> SPRINKLE ALL	<input type="checkbox"/> SPRINKLE GARAGE ONLY
FIRE HYDRANTS REQUIRED <input checked="" type="checkbox"/> NONE	PUBLIC (NO. OF HYDRANTS _____)	PRIVATE (NO. OF HYDRANTS _____)
IS THERE A WELL ON THE PROPERTY? YES <input checked="" type="checkbox"/> NO	USING RECYCLED WATER? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
WILL A PUMP BE USED TO BOOST PRESSURE? YES - FIRE SERVICE	YES - DOMESTIC SERVICE <input checked="" type="checkbox"/> NO	
WILL THERE BE LANDSCAPE IRRIGATION? YES <input checked="" type="checkbox"/> 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	DISHWASHERS	1	CLOTHES WASHERS	1	HOSEBIBS	
TUBS ONLY		SINKS	1	SINKS		BAR SINKS	
SHOWERS ONLY						POOL (SIZE: _____)	
SINKS	1					DESCRIBE:	
JACUZZI TUBS							
TOILETS	1						
URINALS							
BIDETS							

Wayne Amico

11/18/2020

LAND OWNER'S SIGNATURE

DATE

B|#v1j1q1qj#deryb/#L#djuh#L#zloo#qrv#krog#wkb#Vhdeurn#2dwhu#Ghsduwphqv#uhvzqvleoh#i.ru#dq|#gdpdjhv#wr#p|#surshu|/#zk1fk#pd|#eh#1qfxuhg#gxulqj/#ru#dv#d#uhvow#ri#wkh

**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

DATE

11/18/2020

Wayne Amico



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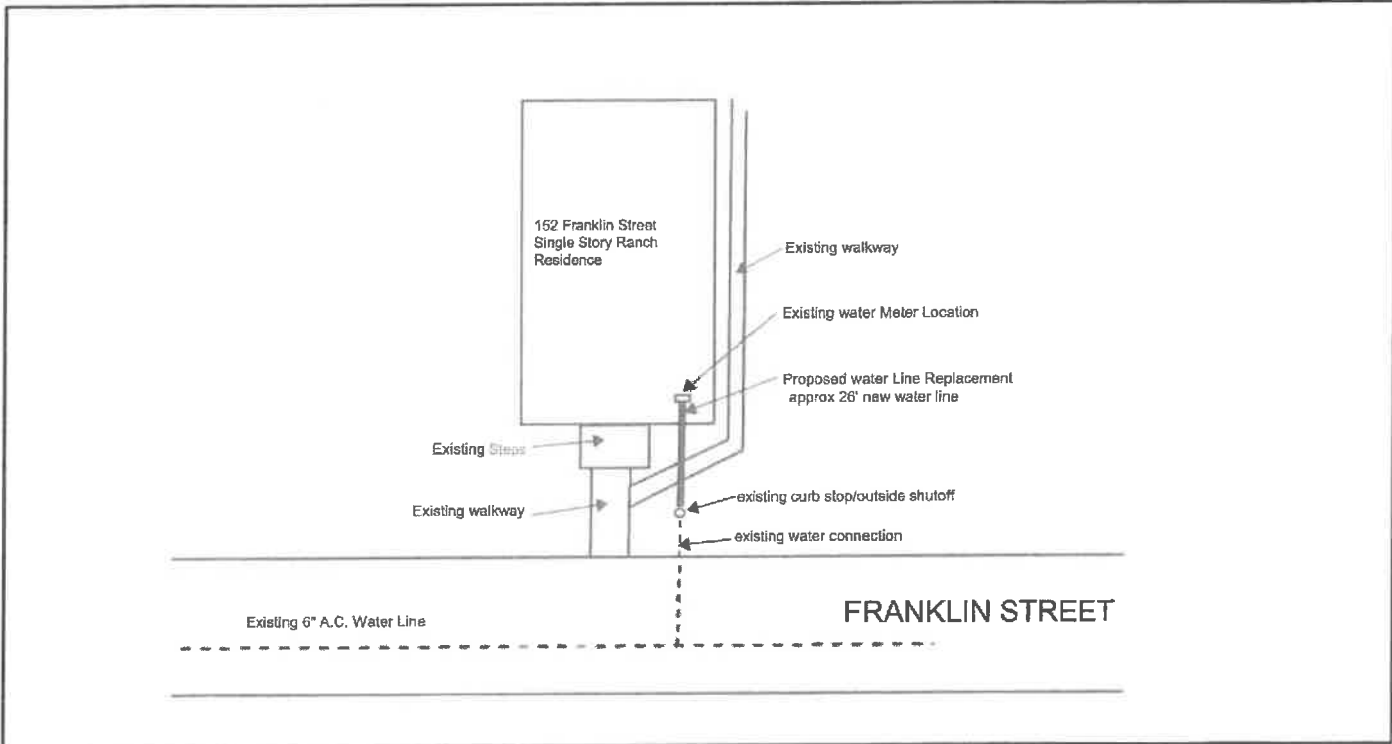
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WATER SERVICE APPLICATION

Service Connection Ties

Address: 152 Franklin St

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

11/23/202

0 Date

AMOUNT PAID: \$100.00

CASH/CHECK # 599

DATE RECEIVED 11/23/20

BY S.G.