



# 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:

APPLICANT NAME/CORPORATION  
Gillespie Kristen

APPLICANT ADDRESS  
19 Merrill St

CITY/STATE  
Newburyport MA

E-MAIL ADDRESS OF APPLICANT  
kristenGillespie22@gmail.com

HOME/WORK PHONE  
WORK/OTHER PHONE  
(978) 380-8857

ZIP CODE  
01950

LANDOWNER/BILLING NAME  
Gillespie Kristen

BILLING ADDRESS  
19 Merrill St

CITY/STATE  
Newburyport MA

E-MAIL ADDRESS OF LANDOWNER  
kristenGillespie22@gmail.com

HOME/WORK PHONE  
WORK/OTHER PHONE  
(978) 380-8857

ZIP CODE  
01950

SERVICE ADDRESS: 534 Manchester St ASSESSOR'S MAP-LOT-SEQ: 21-534

TYPE OF CONSTRUCTION: (Check All That Apply)  RESIDENTIAL SINGLE FAMILY  MULTI-FAMILY  CONDO

MOBILE/MANUFACTURED HOME  COMMERCIAL  INDUSTRIAL  OTHER (Please Describe) \_\_\_\_\_

\*UNDER 'ADDITIONAL COMMENTS' SECTION, LIST NO. OF BUILDINGS AND NO. OF UNITS IN EACH BUILDING, IF APPLICABLE

NO. OF STORIES IN BUILDING: 2 BUILDING SIZE IN SQUARE FEET: 2750 TOTAL PARCEL AREA IN SQUARE FEET: 4,999 SF  
.11 Acres

FIRE DEPARTMENT REQUIREMENTS  NONE  SPRINKLE ALL  SPRINKLE GARAGE ONLY

FIRE HYDRANTS REQUIRED  NONE  PUBLIC (NO. OF HYDRANTS \_\_\_\_\_) PRIVATE (NO. OF HYDRANTS \_\_\_\_\_)

IS THERE A WELL ON THE PROPERTY? YES  NO  USING RECYCLED WATER? YES  NO

WILL A PUMP BE USED TO BOOST PRESSURE? YES - FIRE SERVICE  YES - DOMESTIC SERVICE  NO

WILL THERE BE LANDSCAPE IRRIGATION? YES  NO  IF YES, NUMBER OF SPRINKLER HEADS: 0

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	<u>1</u>	JACUZZI TUBS	<u>0</u>	DISHWASHERS	<u>1</u>	CLOTHES WASHERS	<u>1</u>
TUBS ONLY	<u>1</u>	TOILETS	<u>4</u>	SINKS	<u>1</u>	SINKS	<u>0</u>
SHOWERS ONLY	<u>2</u>	URINALS	<u>0</u>			POOL (SIZE: _____)	<u> </u>
SINKS	<u>4</u>	BIDETS	<u>0</u>			DESCRIBE:	<u> </u>

LAND OWNER'S SIGNATURE Kristen Gillespie DATE 2-18-2021

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 Kristen Gillespie DATE 2-18-2021



# TOWN OF SEABROOK PUBLIC WATER SYSTEM

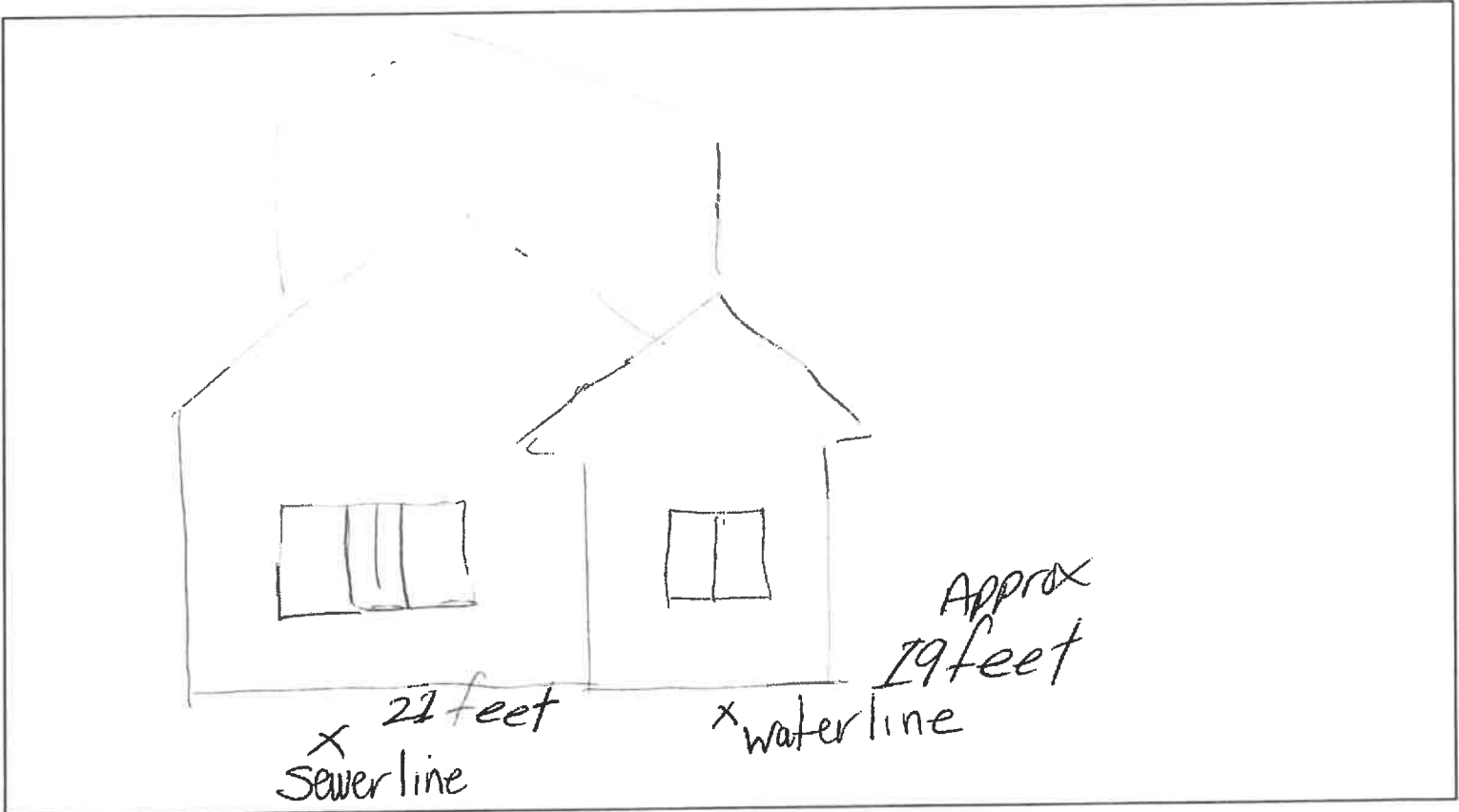
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## WATER SERVICE APPLICATION

### Service Connection Ties

Address: 534 Manchester 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

2/25/202

1 Date

AMOUNT PAID: 50.<sup>00</sup>

CASH/CHECK# 1339

DATE RECEIVED 2/18/21

BY EW