



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: 2/25/21

APPLICANT NAME/CORPORATION DADDARIO TRUST P. Swords TTE			LANDOWNER/BILLING NAME Daddario Armand & Sara - Swords TTE		
APPLICANT ADDRESS 160 Rock Rd			BILLING ADDRESS 160 Rocks Rd		
CITY/STATE Glen Rock		ZIP CODE 07452	CITY/STATE Glen Rock, NJ		ZIP CODE 07452
HOME/WORK PHONE 201-913-6028			HOME/WORK PHONE (561) 265-0152		
WORK/OTHER PHONE 201-214-6945			WORK/OTHER PHONE (603) 474-9066		
E-MAIL ADDRESS OF APPLICANT PSWORDS101@6MAIL.COM			E-MAIL ADDRESS OF LANDOWNER		

SERVICE ADDRESS: 154 FRANKLIN STREET ASSESSOR'S MAP-LOT-SEQ: 20-145

TYPE OF CONSTRUCTION: (Check All That Apply) NEW CONSTRUCTION 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: 1 BUILDING SIZE IN SQUARE FEET: 2,400 TOTAL PARCEL AREA IN SQUARE FEET: 5,000

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:

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		CLOTHES WASHERS	1	HOSEBIBS	
TUBS ONLY	0	SINKS	1	SINKS		BAR SINKS	
SHOWERS ONLY	1					POOL (SIZE:)	
SINKS	2					DESCRIBE:	
JACUZZI TUBS							
TOILETS	2						
URINALS							
BIDETS							

LAND OWNER'S SIGNATURE Camille J. Swords TTE, POA DATE: 2/25/21

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 Camille J. Swords TTE DATE: 2/25/21



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Service Connection Ties

Address: 154 Franklin 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.

Blank area for sketching the service connection, street, and house. Includes faint handwritten notes and a blue ink smudge on the right side.

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)

[Signature]
Water Superintendent

3/11/2021
Date

AMOUNT PAID: _____ CASH/CHECK # _____ DATE RECEIVED _____ BY _____