



# 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: 3/8/21

APPLICANT NAME/CORPORATION Paul Lepere		
APPLICANT ADDRESS PO Box 668		HOME/WORK PHONE
CITY/STATE Hamton Falls, NH	ZIP CODE 03844	WORK/OTHER PHONE (603) 926-1400
E-MAIL ADDRESS OF APPLICANT		

LANDOWNER/BILLING NAME Stargazer Realty Trust		
BILLING ADDRESS PO Box 668		HOME/WORK PHONE
CITY/STATE Hampton Falls, NH	ZIP CODE 03844	WORK/OTHER PHONE (603) 926-1400
E-MAIL ADDRESS OF LANDOWNER		

SERVICE ADDRESS: 7 TRUE ROAD	ASSESSOR'S MAP-LOT-SEQ:
TYPE OF CONSTRUCTION: (Check All That Apply) <input checked="" type="checkbox"/> NEW CONSTRUCTION RESIDENTIAL SINGLE FAMILY MULTI-FAMILY CONDO	
MOBILE/MANUFACTURED HOME COMMERCIAL INDUSTRIAL <input checked="" type="checkbox"/> 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:	BUILDING SIZE IN SQUARE FEET:	TOTAL PARCEL AREA IN SQUARE FEET:
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	JACUZZI TUBS	DISHWASHERS	SINKS	CLOTHES WASHERS	SINKS	HOSEBIBS	
TUBS ONLY	TOILETS					BAR SINKS	
SHOWERS ONLY	URINALS					POOL (SIZE: )	
SINKS	BIDETS					DESCRIBE:	

LAND OWNER'S SIGNATURE *[Signature]* Stargazer DATE 3/8/21

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 *[Signature]* Stargazer DATE 3/8/21



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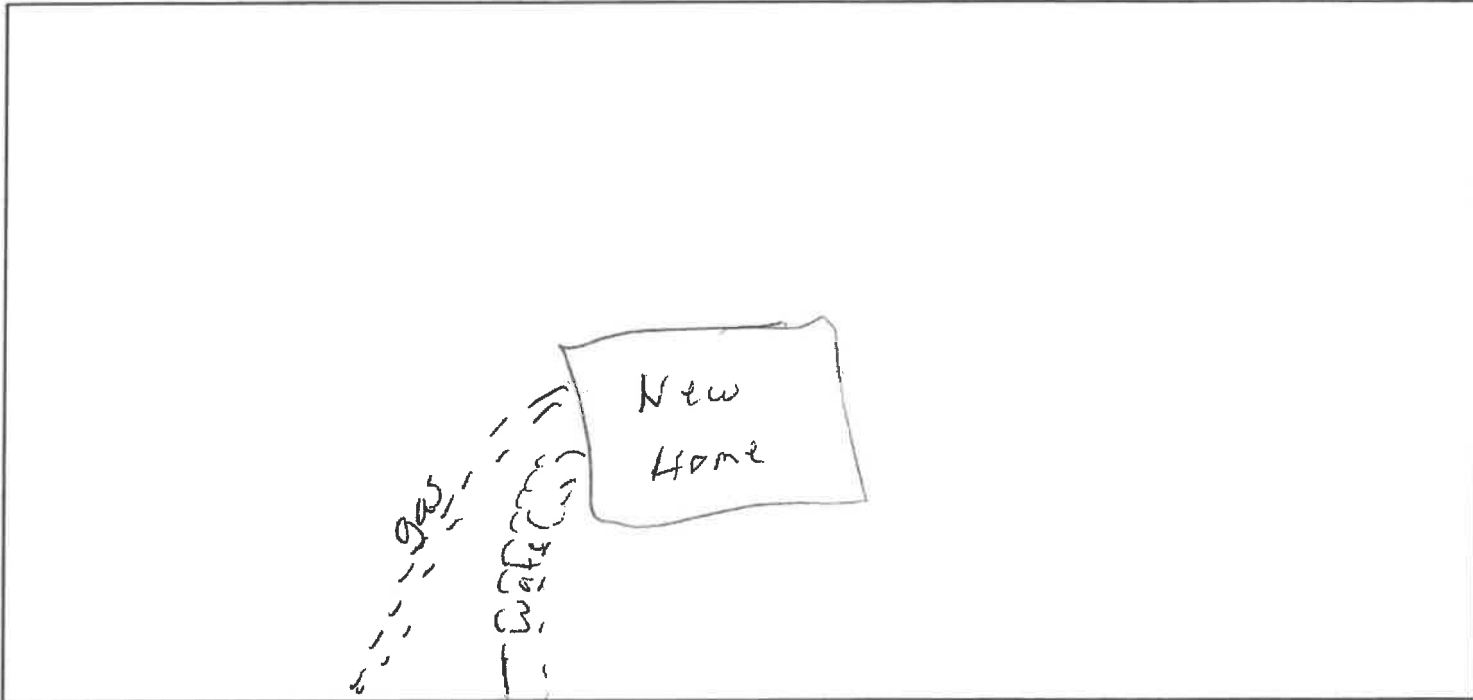
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**WATER SERVICE APPLICATION**

**Service Connection Ties**

Address: 7 True Rd

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)

Water Superintendent

3/11/2021  
Date

AMOUNT PAID: 100 CASH/CHECK: 217 DATE RECEIVED 3/8 BY EW