



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: 8/7/19

APPLICANT NAME/CORPORATION <u>B + G Goray Landscaping + Excavator</u>		
APPLICANT ADDRESS <u>24 Chandler Rd</u>		HOME PHONE <u>603-235</u>
CITY <u>Plaistow</u>	ZIP CODE <u>03865</u>	WORK/OTHER PHONE <u>8464</u>
E-MAIL ADDRESS OF APPLICANT		

LANDOWNER/BILLING NAME <u>Jane Sullivan</u>		
BILLING ADDRESS <u>63 Paul Revere Rd</u>		HOME PHONE <u>978-857-2689</u>
CITY <u>Leesington</u>	ZIP CODE <u>02421</u>	WORK/OTHER PHONE
E-MAIL ADDRESS OF LANDOWNER <u>JSULL@2025 @ Comcast.net</u>		

SERVICE ADDRESS: <u>319 Route 286</u>	ASSESSOR'S MAP-LOT-SEQ				
TYPE OF CONSTRUCTION: (Check All That Apply)	NEW CONSTRUCTION	<input checked="" type="radio"/> RESIDENTIAL	SINGLE FAMILY	MULTI-FAMILY	CONDO
MOBILE/MANUFACTURED HOME	COMMERCIAL	INDUSTRIAL	OTHER (Please Describe)	<u>Locker Room garage</u>	
*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	<input checked="" type="radio"/> 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	<input checked="" type="radio"/> 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

FIXTURE UNIT COUNT - COMPLETE THE QUANTITY OF THE FOLLOWING

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

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

LAND OWNER'S SIGNATURE

DATE

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

DATE



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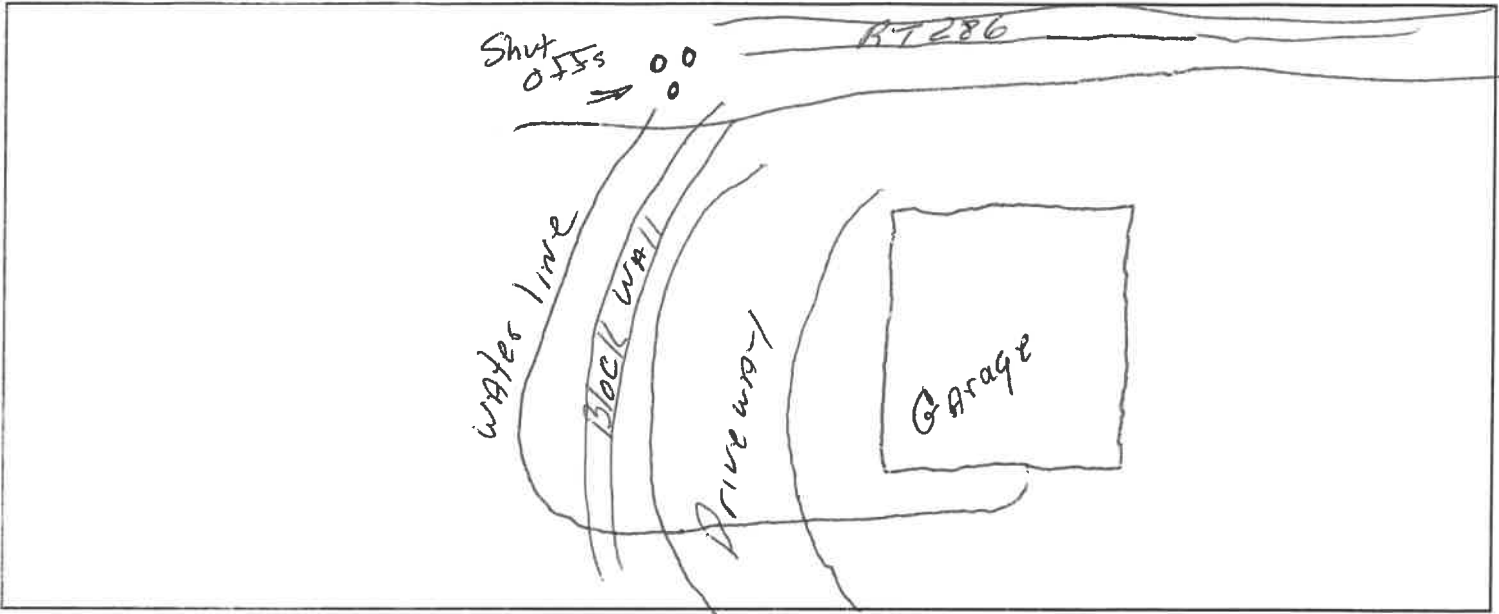
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WATER SERVICE APPLICATION

Service Connection Ties

Address: 319 RT 286 Seabrook, NH

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

Date

AMOUNT PAID: 100⁰⁰

CASH/CHECK # 1935

3/17/21

BY EW