



# 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: 03/23/2021

APPLICANT NAME/CORPORATION Mark & Elisia Saab		
APPLICANT ADDRESS 396 Andover Street		HOME PHONE 603-380-4444
CITY Lowell	ZIP CODE 01852	WORK/OTHER PHONE
E-MAIL ADDRESS OF APPLICANT markasaab@gmail.com		

LANDOWNER/BILLING NAME Mark & Elisia Saab		
BILLING ADDRESS 396 Andover Street		HOME PHONE 603-380-4444
CITY Lowell	ZIP CODE 01852	WORK/OTHER PHONE
E-MAIL ADDRESS OF LANDOWNER markasaab@gmail.com		

SERVICE ADDRESS: 154 Ocean Boulevard

ASSESSOR'S MAP-LOT-SEQ: Map 22, Lot 28

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: 3 BUILDING SIZE IN SQUARE FEET: 14,285 TOTAL PARCEL AREA IN SQUARE FEET: 20,389

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  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	2-inch HDPE	1-inch	30	July / August 2021

### FIXTURE UNIT COUNT - COMPLETE THE QUANTITY OF THE FOLLOWING

<b>BATHROOM:</b>		<b>KITCHEN:</b>		<b>LAUNDRY ROOM:</b>		<b>MISC/OTHER:</b>			
TUBS/SHOWERS	5	JACUZZI TUBS	1	DISHWASHERS	2	CLOTHES WASHERS	2	HOSEBIBS	6
TUBS ONLY		TOILETS	10	SINKS	2	SINKS	2	BAR SINKS	3
SHOWERS ONLY	8	URINALS						POOL (SIZE: (12,000 gal))	1
SINKS	13	BIDETS						DESCRIBE:	1
									HOT TUB (400 gal)

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

LAND OWNER'S SIGNATURE *Mark Saab*

DATE 3/26/21

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 *Mark Saab*

DATE 04/06/21

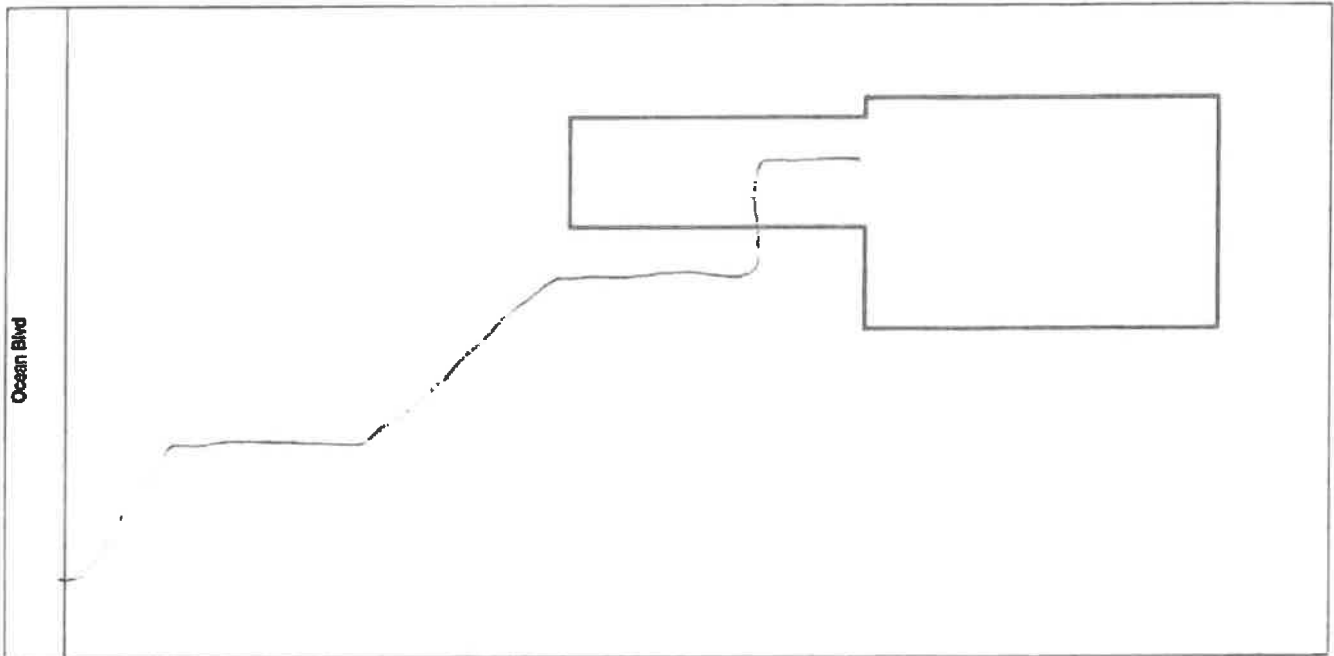


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**Service Connection Ties**

Address: 154 Ocean Blvd

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)

*[Signature]* 4/8/2021  
 Water Superintendent Date

AMOUNT PAID: \$300.00 CASH/CHECK # 2032 DATE RECEIVED 4/10/21 BY LP