



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: 04/13/21

APPLICANT NAME/CORPORATION 205 Bristol Street LLC		LANDOWNER/BILLING NAME Eli Morse	
APPLICANT ADDRESS 205 Bristol Street LLC		BILLING ADDRESS 9 Fox Hollow Ln.	
CITY/STATE 206 Bristol St Seabrook NH		CITY/STATE Plaistow NH	
E-MAIL ADDRESS OF APPLICANT emorse@sigmawifi.com		E-MAIL ADDRESS OF LANDOWNER emorse@sigmawifi.com	

SERVICE ADDRESS:	206 BRISTOL STREET	ASSESSOR'S MAP-LOT-SEQ:	20-206
TYPE OF CONSTRUCTION: (Check All That Apply)	<input checked="" type="checkbox"/> NEW CONSTRUCTION <input checked="" type="checkbox"/> RESIDENTIAL	<input type="checkbox"/> SINGLE FAMILY <input type="checkbox"/> MULTI-FAMILY <input type="checkbox"/> CONDO	
<input type="checkbox"/> MOBILE/MANUFACTURED HOME <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> INDUSTRIAL <input 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: 2 BUILDING SIZE IN SQUARE FEET: 2520 TOTAL PARCEL AREA IN SQUARE FEET: 50x100

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	3	JACUZZI TUBS	1	DISHWASHERS	1	CLOTHES WASHERS	1
TUBS ONLY		TOILETS	4	SINKS	2	SINKS	
SHOWERS ONLY	1	URINALS					
SINKS	5	BIDETS					
						POOL (SIZE: _____)	
						DESCRIBE:	

LAND OWNER'S SIGNATURE

[Signature]

DATE

4-13-21

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

205 Bristol Street LLC

OFFICER'S NAME & TITLE (PRINT)

William E. Morse II

APPLICANT/CORPORATION'S OFFICER SIGNATURE

[Signature]

DATE

4-13-21



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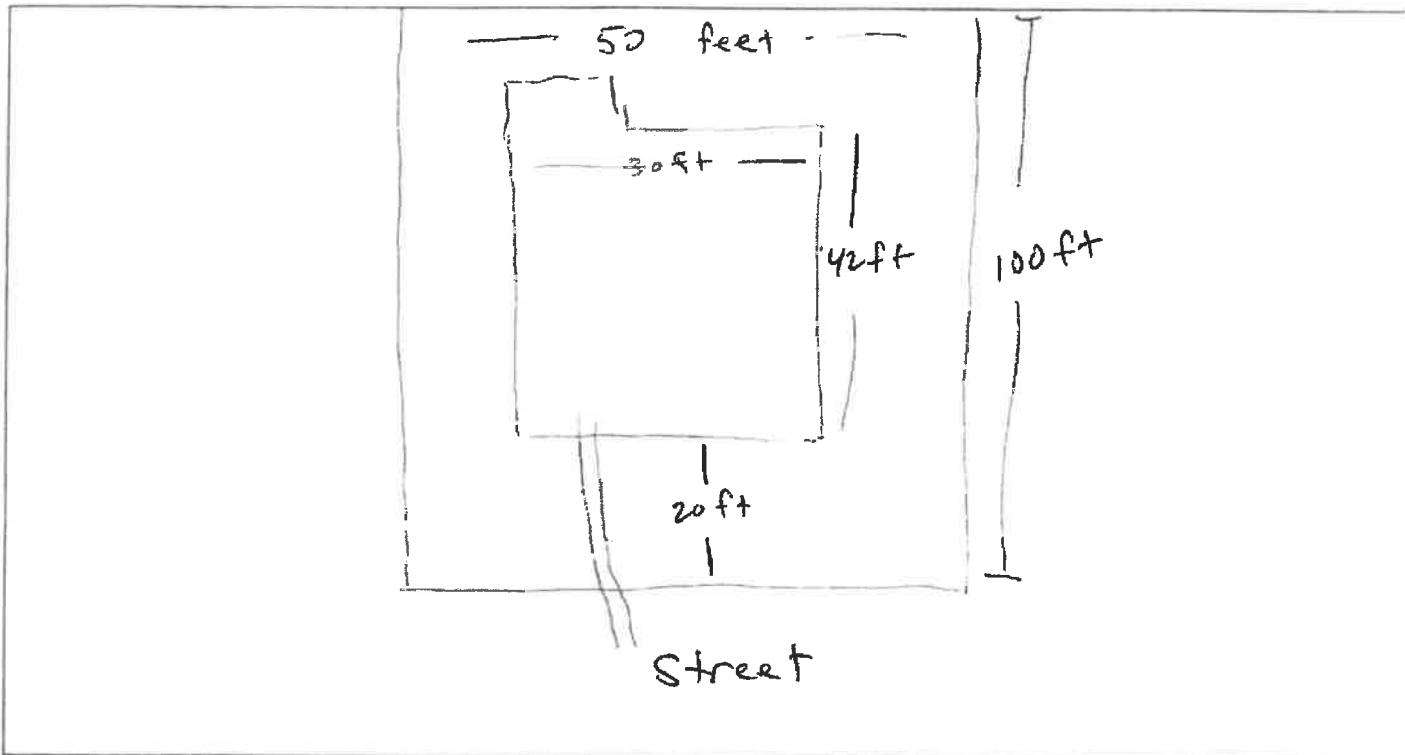
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WATER SERVICE APPLICATION

Service Connection Ties

Address: 206 BRISTOL 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



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)

 4/14/2021
 Water Superintendent Date

AMOUNT PAID: 1,400⁰⁰ CASH/CHECK # 2651 DATE RECEIVED 4/14/21 BY EW