

ACCOUNT # 103550



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: B & G Goroy Landscaping + Excavator
APPLICANT ADDRESS: 24 Chandler Rd
CITY: Plaistow
ZIP CODE: 03865
HOME PHONE: 603-235-8469
WORK/OTHER PHONE: 8469

LANDOWNER/BILLING NAME: Jane Sullivan
BILLING ADDRESS: 63 Paul Revere Rd
CITY: Lovington
ZIP CODE: 02421
HOME PHONE: 978-857-2689
WORK/OTHER PHONE:
E-MAIL ADDRESS OF LANDOWNER: jsull@comcast.net

SERVICE ADDRESS: 319 Route 286
ASSESSOR'S MAP-LOT-SEQ: 17-9-0
TYPE OF CONSTRUCTION: RESIDENTIAL
MOBILE/MANUFACTURED HOME:
COMMERCIAL:
INDUSTRIAL:
OTHER: Locker Room, garage

NO. OF STORIES IN BUILDING: 1
BUILDING SIZE IN SQUARE FEET: 1716
TOTAL PARCEL AREA IN SQUARE FEET: 40,081
FIRE DEPARTMENT REQUIREMENTS: N/A
FIRE HYDRANTS REQUIRED: N/A
IS THERE A WELL ON THE PROPERTY? NO
WILL A PUMP BE USED TO BOOST PRESSURE? YES - FIRE SERVICE
WILL THERE BE LANDSCAPE IRRIGATION? NO
FLOW OF EACH SPRINKLER HEAD IN GPM:
TOTAL IRRIGATED AREA IN SQUARE FEET:

Table with 6 columns: POTABLE OR RECYCLED, SERVICE USE, LATERAL SIZE, METER SIZE, MAX DEMAND IN GPM, ANTICIPATED DATE OF METER INSTALLATION. Row 1: POTABLE, GARAGES, 5/4, 5/4, 5/4 METER 1 PERL 3-17-21

FIXTURE UNIT COUNT - COMPLETE THE QUANTITY OF THE FOLLOWING
BATHROOM: TUBS/SHOWERS, TUBS ONLY, SHOWERS ONLY, SINKS, JACUZZI TUBS, TOILETS, URINALS, BIDETS
KITCHEN: DISHWASHERS, SINKS
LAUNDRY ROOM: CLOTHES WASHERS, SINKS
MISC/OTHER: HOSEBIBS, BAR SINKS, POOL (SIZE), DESCRIBE:

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: [Signature] DATE: 8/7/19



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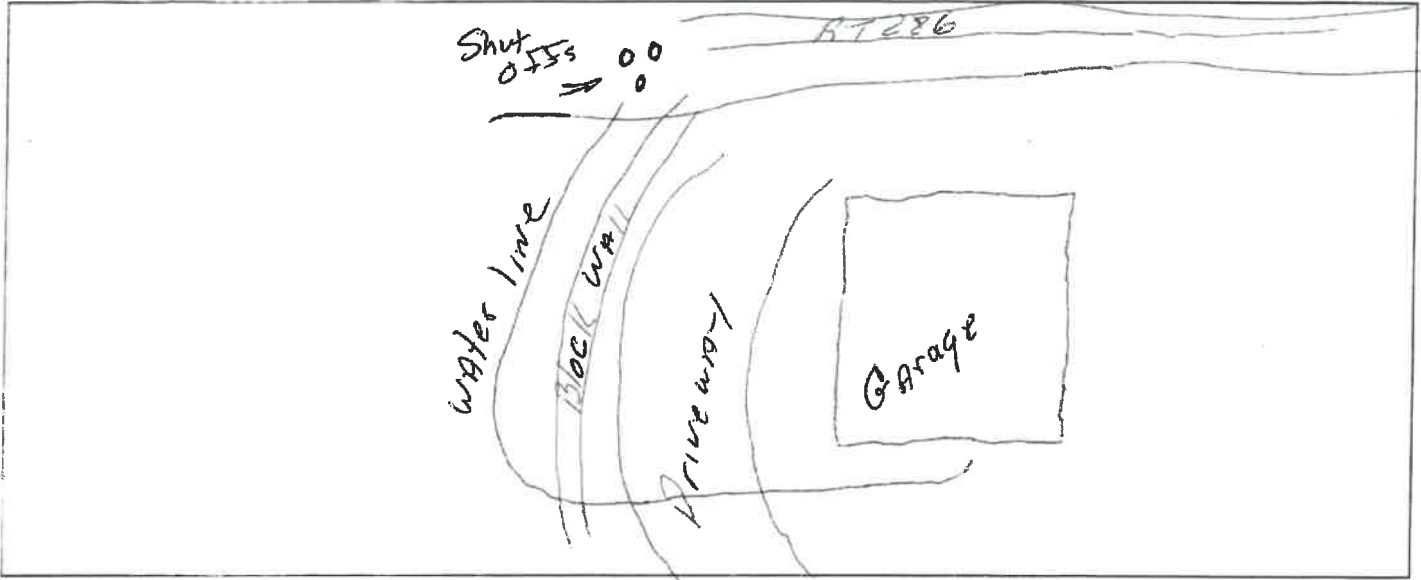
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**WATER SERVICE APPLICATION**

**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)

*[Signature]*  
Water Supervisor

4/13/2021

Date

AMOUNT PAID: 100<sup>00</sup>

CASH/CHECK # 1935

3/17/21

BY [Signature]