



# 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: 23-Mar

APPLICANT NAME/CORPORATION <i>Joel Clough</i>		
APPLICANT ADDRESS <i>36 Covey Rd</i>		HOME/WORK PHONE <i>964-1757</i>
CITY/STATE <i>N Hampton</i>	ZIP CODE	WORK/OTHER PHONE
E-MAIL ADDRESS OF APPLICANT <i>Joel.Clough@SMW EXC.</i>		

LANDOWNER/BILLING NAME Dennis Bilodeau		
BILLING ADDRESS 122 Johnson Woods Dr #12		HOME/WORK PHONE
CITY/STATE Reading, MA	ZIP CODE 01867	WORK/OTHER PHONE (978) 204-9063
E-MAIL ADDRESS OF LANDOWNER dsbilodeau@comcast.net		

SERVICE ADDRESS: 7 TYNGSBORO STREET	ASSESSOR'S MAP-LOT-SEQ: 21-25-26
TYPE OF CONSTRUCTION: (Check All That Apply) <input checked="" type="checkbox"/> NEW CONSTRUCTION <input checked="" type="checkbox"/> RESIDENTIAL SINGLE FAMILY <input type="checkbox"/> MULTI-FAMILY <input type="checkbox"/> CONDO	
MOBILE/MANUFACTURED HOME <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> INDUSTRIAL <input checked="" type="checkbox"/> OTHER (Please Describe) <u>water line replacement/reconstruction</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	<input type="checkbox"/> NONE <input type="checkbox"/> SPRINKLE ALL	<input type="checkbox"/> SPRINKLE GARAGE ONLY
FIRE HYDRANTS REQUIRED	<input type="checkbox"/> NONE <input type="checkbox"/> PUBLIC (NO. OF HYDRANTS _____)	<input type="checkbox"/> PRIVATE (NO. OF HYDRANTS _____)
IS THERE A WELL ON THE PROPERTY?	<input type="checkbox"/> YES <input type="checkbox"/> NO	USING RECYCLED WATER? <input type="checkbox"/> YES <input type="checkbox"/> NO
WILL A PUMP BE USED TO BOOST PRESSURE?	<input type="checkbox"/> YES - FIRE SERVICE <input type="checkbox"/> YES - DOMESTIC SERVICE	<input type="checkbox"/> NO
WILL THERE BE LANDSCAPE IRRIGATION?	<input type="checkbox"/> YES <input type="checkbox"/> 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	<input type="text"/>	DISHWASHERS	<input type="text"/>	CLOTHES WASHERS	<input type="text"/>	HOSEBIBS	<input type="text"/>
TUBS ONLY	<input type="text"/>	SINKS	<input type="text"/>	SINKS	<input type="text"/>	BAR SINKS	<input type="text"/>
SHOWERS ONLY	<input type="text"/>					POOL (SIZE: _____)	<input type="text"/>
SINKS	<input type="text"/>					DESCRIBE:	<input type="text"/>
JACUZZI TUBS	<input type="text"/>						
TOILETS	<input type="text"/>						
URINALS	<input type="text"/>						
BIDETS	<input type="text"/>						

LAND OWNER'S SIGNATURE

DATE 3/23/21

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

DATE 3/23/21

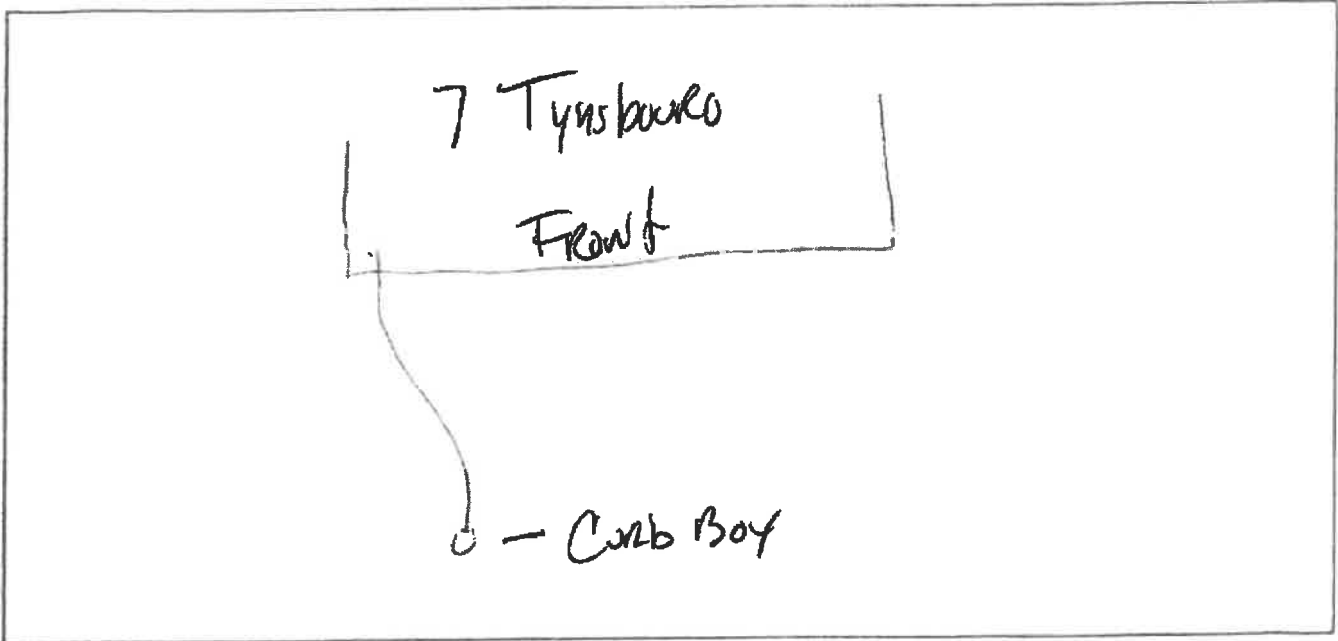


**TOWN OF SEABROOK PUBLIC WATER SYSTEM**  
 550 Route 107 ~ PO Box 456, Seabrook, NH 03874  
 Phone: (603) 474-9921 Fax: (603) 474-3389  
**WATER SERVICE APPLICATION**

**Service Connection Ties**

Address: 7 Tynsboro St

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]* 3/24/21 \_\_\_\_\_  
 Water Superintendent Date

AMOUNT PAID: 100<sup>00</sup> CASH/CHECK # 1331 DATE RECEIVED 3/23/21 BY EW