



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: Mar 23, 2021

APPLICANT NAME/CORPORATION <u>Carmel O'Brien / Seabrook Country Stores LLC</u>		HOME/WORK PHONE <u>603 760 2630</u>
APPLICANT ADDRESS <u>PO Box 367</u>		WORK/OTHER PHONE <u>603 502-0266</u>
CITY/STATE <u>Seabrook</u>	ZIP CODE <u>03874</u>	WORK/OTHER PHONE <u>(603) 926-1400</u>
E-MAIL ADDRESS OF APPLICANT <u>CALML85@AOL.COM</u>		

LANDOWNER/BILLING NAME <u>LLC. PO Box 367, Seabrook NH.</u>		HOME/WORK PHONE
BILLING ADDRESS		WORK/OTHER PHONE
CITY/STATE	ZIP CODE	WORK/OTHER PHONE
E-MAIL ADDRESS OF LANDOWNER		

SERVICE ADDRESS: <u>8 Batchelder Rd</u>	ASSESSOR'S MAP-LOT-SEQ: <u>5-11</u>				
TYPE OF CONSTRUCTION: (Check All That Apply)	NEW CONSTRUCTION	RESIDENTIAL	SINGLE FAMILY	MULTI-FAMILY	CONDO
MOBILE/MANUFACTURED HOME	<input checked="" type="checkbox"/> <u>COMMERCIAL</u>	INDUSTRIAL	OTHER (Please Describe)	<u>line repair</u>	
*UNDER 'ADDITIONAL COMMENTS' SECTION, LIST NO. OF BUILDINGS AND NO. OF UNITS IN EACH BUILDING, IF APPLICABLE					

NO. OF STORIES IN BUILDING: <u>3</u>	BUILDING SIZE IN SQUARE FEET: <u>10,000</u>	TOTAL PARCEL AREA IN SQUARE FEET: _____	
FIRE DEPARTMENT REQUIREMENTS	<input checked="" type="checkbox"/> NONE	SPRINKLE ALL	SPRINKLE GARAGE ONLY
FIRE HYDRANTS REQUIRED	<input checked="" type="checkbox"/> NONE	PUBLIC (NO. OF HYDRANTS _____)	PRIVATE (NO. OF HYDRANTS _____)
IS THERE A WELL ON THE PROPERTY?	YES	<input checked="" type="checkbox"/> NO	USING RECYCLED WATER? YES NO
WILL A PUMP BE USED TO BOOST PRESSURE?	YES - FIRE SERVICE	YES - DOMESTIC SERVICE	<input checked="" type="checkbox"/> NO
WILL THERE BE LANDSCAPE IRRIGATION?	YES	<input checked="" type="checkbox"/> NO	IF YES, NUMBER OF SPRINKLER HEADS: _____
FLOW OF EACH SPRINKLER HEAD IN GPM: <u>N/A</u>		TOTAL IRRIGATED AREA IN SQUARE FEET: <u>N/A</u>	
IF NON-RESIDENTIAL, DESCRIBE BUSINESS TYPE OR USAGE OF LOT: <u>STRIP MALL</u>			

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	JACUZZI TUBS	DISHWASHERS	SINKS	CLOTHES WASHERS	SINKS	HOSEBIBS	
TUBS ONLY	TOILETS					BAR SINKS	
SHOWERS ONLY	URINALS					POOL (SIZE: _____)	
SINKS	BIDETS					DESCRIBE: _____	

LAND OWNER'S SIGNATURE Carmel O'Brien 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 Seabrook Country Stores LLC OFFICER'S NAME & TITLE (PRINT) Carmel O'Brien, Mgr.

APPLICANT/CORPORATION'S OFFICER SIGNATURE Carmel O'Brien DATE 3/23/21



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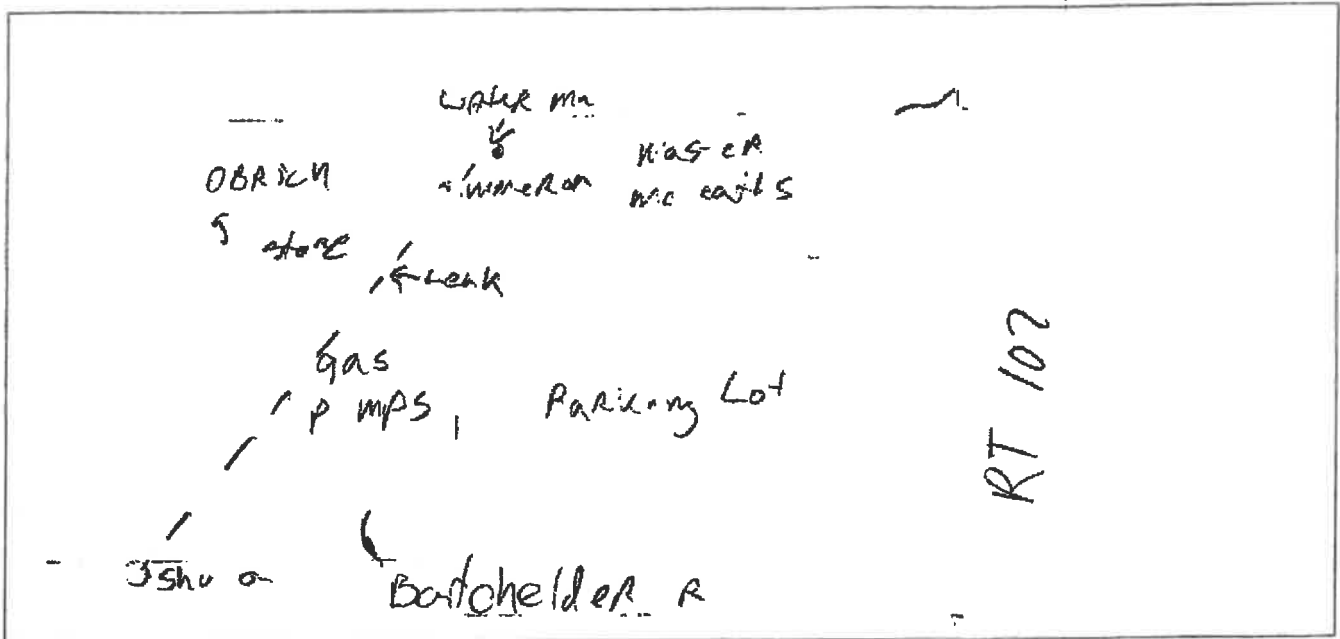
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WATER SERVICE APPLICATION

Service Connection Ties

Address: 8 Bitchelder Rd.

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 Superintendent

3/24/21
Date

AMOUNT PAID: 50⁰⁰ CASH/CHECK # 1681 DATE RECEIVED 3/28/21 BY FW