



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 6/1/21

APPLICANT NAME CORPORATION JTR Enterprises
 APPLICANT ADDRESS 226 Rockingham Rd HOME WORK PHONE 603 231 3657
 CITY STATE Auburn NH ZIP CODE 03032 WORK OTHER PHONE _____
 E-MAIL ADDRESS OF APPLICANT RJr@aand@gmail.com

LANDOWNER'S BILLING NAME Pentacella John Sr + Kristin
 BILLING ADDRESS 458 Sherwood Dr HOME WORK PHONE _____
 CITY STATE St Louis Mo ZIP CODE 63119 WORK OTHER PHONE 314 602 3897
 E-MAIL ADDRESS OF LANDOWNER _____

SERVICE ADDRESS 11 Havenhill St ASSESSOR'S MAP-LOT-SEQ _____
 TYPE OF CONSTRUCTION (Check All That Apply) NEW CONSTRUCTION RESIDENTIAL SINGLE FAMILY MULTIFAMILY CONDO
 JOB TYPE: 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 STORES IN BUILDING 2 BUILDING SIZE IN SQUARE FEET 98 TOTAL PARCEL AREA IN SQUARE FEET _____
 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 _____ 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	EMAND IN GPM	INDICATED DATE OF METER INSTALLATION
<u>potable</u>	<u>residential</u>		<u>5/8"</u>		

FIXTURE UNIT COUNT - COMPLETE THE QUANTITY OF THE FOLLOWING

BATHROOM:				LAUNDRY ROOM:		MISC OTHER:	
TOILETS	7	JACUZZI TUBS	0	DISHWASHERS	1	HOSES	2
TUBS ONLY	1	TOILETS	0	SINKS	1	SINKS	1
SHOWER ONLY	0	BATHS	0			POOL SIZE	
SINKS	0	BATHS	0			DESCRIBE	

LAND OWNER'S SIGNATURE [Signature] DATE 6/2/21

By signing above, I agree to hold the Seabrook Water Department responsible for any damages to my property which occur as a result of the water installation.

CORPORATION NAME JTR Enterprises OFFICER'S NAME & TITLE (PRINT) Robert Rond owner



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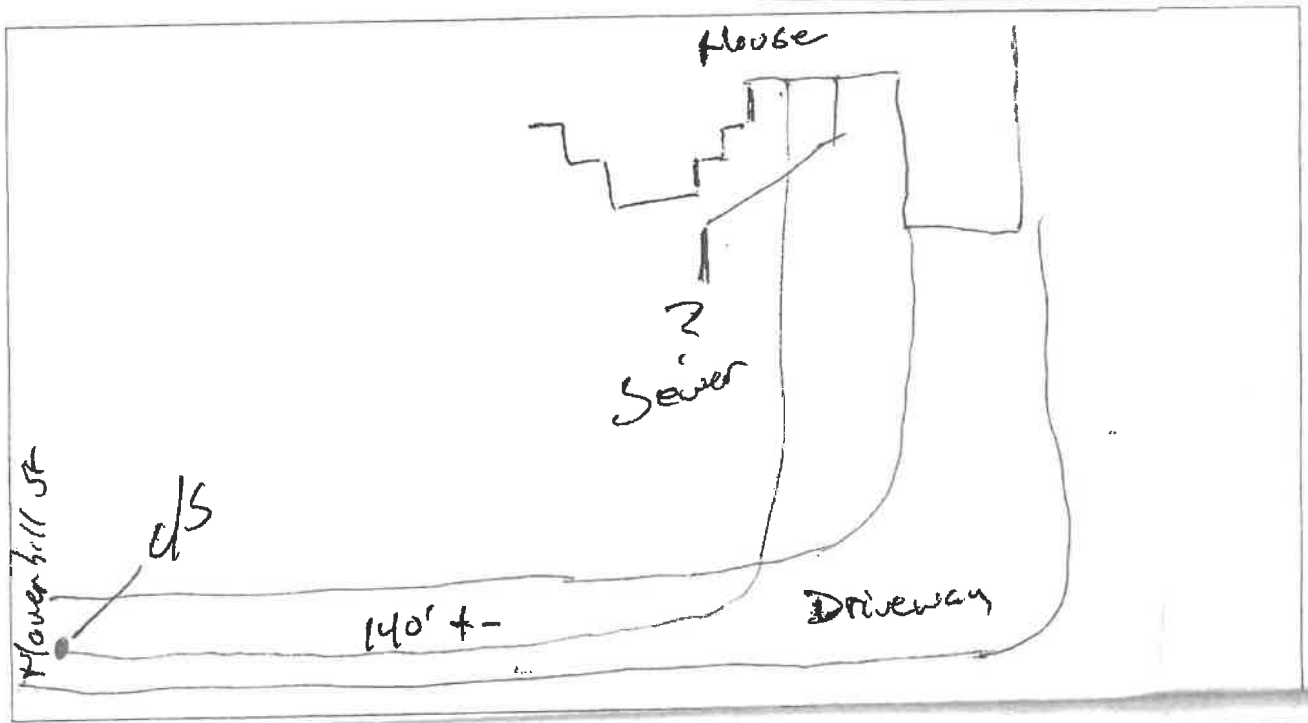
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Service Connection Ties

Address: 11 Haverhill 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]
Water Superintendent

6/2/21
Date

AMOUNT PAID: \$100.00 CASH/CHECK # 5218 DATE RECEIVED 6/2/21 BY EW