



**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: 05/24/2021

APPLICANT NAME/CORPORATION Real Property Management		
APPLICANT ADDRESS 2 Washington St, Ste 215		HOME/WORK PHONE
CITY/STATE Dover NH	ZIP CODE 03820	WORK/OTHER PHONE (603) 343-2202
E-MAIL ADDRESS OF APPLICANT support@rpmseacoastnh.com		

LANDOWNER/BILLING NAME Hart Roxanne & Hart Earlin Jr		
BILLING ADDRESS 1294 Preston St		HOME/WORK PHONE
CITY/STATE Port Charlotte FL	ZIP CODE 33950	WORK/OTHER PHONE
E-MAIL ADDRESS OF LANDOWNER colorist@hotmail.com		

SERVICE ADDRESS: 133 CENTENNIAL STREET	ASSESSOR'S MAP-LOT-SEQ: 9-27-1
TYPE OF CONSTRUCTION: (Check All That Apply) <input type="checkbox"/> NEW CONSTRUCTION <input checked="" type="checkbox"/> RESIDENTIAL <input checked="" 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 checked="" type="checkbox"/> OTHER (Please Describe) <u>water 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>NA</u>	BUILDING SIZE IN SQUARE FEET: <u>980</u>	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: <u>NA</u>	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	<u>1/1</u>	JACUZZI TUBS	<input type="checkbox"/>	DISHWASHERS	<u>1</u>	CLOTHES WASHERS	<u>1</u>
TUBS ONLY	<input type="checkbox"/>	TOILETS	<input type="checkbox"/>	SINKS	<u>1</u>	SINKS	<input type="checkbox"/>
SHOWERS ONLY	<input type="checkbox"/>	URNALS	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
SINKS	<u>1</u>	BIDETS	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
						POOL (SIZE: _____)	
						DESCRIBE: _____	

LAND OWNER'S SIGNATURE <i>Jay Comstock</i>	dotloop verified 05/24/21 3:35 PM CST FMHU-Q5BN-6F71-T6QN	DATE 05/24/2021
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 Real Property Management Seacoast NH	OFFICER'S NAME & TITLE (PRINT) Jay Comstock
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APPLICANT/CORPORATION'S OFFICER SIGNATURE <i>Jay Comstock</i>	dotloop verified 05/24/21 3:35 PM CST VPB1-HSLA-H9QF-9YDD	DATE 05/24/2021
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**WATER SERVICE APPLICATION**

**Service Connection Ties**

Address: 133 Centennial 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)

*[Signature]*  
Water Superintendent

*6/4/21*  
Date

AMOUNT PAID: 50.<sup>00</sup>

CASH CHECK # 3051

DATE RECEIVED 6/3/21

BY [Signature]