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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: 5/24/2021

APPLICANT NAME/CORPORATION
Stan + Carol Metcalf

APPLICANT ADDRESS
40 Border Winds Ave

CITY
Seabrook

ZIP CODE
03874

E-MAIL ADDRESS OF APPLICANT
cjmetcalf08@gmail.com

HOME PHONE
603-997-9326

WORK/OTHER PHONE

LANDOWNER/BILLING NAME
Same

BILLING ADDRESS

CITY

ZIP CODE

WORK/OTHER PHONE

HOME PHONE

E-MAIL ADDRESS OF LANDOWNER

SERVICE ADDRESS: 40 Border Winds Ave ASSESSOR'S MAP-LOT-SEQ: 2-18-94

TYPE OF CONSTRUCTION: (Check All That Apply) NEW CONSTRUCTION RESIDENTIAL SINGLE FAMILY MULTI-FAMILY CONDO

MOBILE/MANUFACTURED HOME COMMERCIAL INDUSTRIAL OTHER (Please Describe) ADU

**UNDER 'ADDITIONAL COMMENTS' SECTION, LIST NO. OF BUILDINGS AND NO. OF UNITS IN EACH BUILDING, IF APPLICABLE*

NO. OF STORIES IN BUILDING: 1 BUILDING SIZE IN SQUARE FEET: 840 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 YES - DOMESTIC 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	MAX DEMAND IN GPM	ANTICIPATED DATE OF METER INSTALLATION

FIXTURE UNIT COUNT - COMPLETE THE QUANTITY OF THE FOLLOWING

BATHROOM:		KITCHEN:		LAUNDRY ROOM:		MISC/OTHER:	
TUBS/SHOWERS <u>2</u>	JACUZZI TUBS	DISHWASHERS <u>1</u>	CLOTHES WASHERS <u>1</u>	HOSE/BIBS		BAR SINKS	
TUBS ONLY	TOILETS <u>2</u>	SINKS <u>1</u>	SINKS	POOL (SIZE: _____)		DESCRIBE:	
SHOWERS ONLY <u>2</u>	URINALS						
SINKS <u>2</u>	SIDETS						

ADDITIONAL COMMENTS (IF APPLICABLE, LIST NO. OF BUILDINGS AND NO. IN EACH BUILDING) _____

LAND OWNER'S SIGNATURE Carol J. Metcalf Stan Metcalf DATE 5/24/21

By signing above, I agree I will 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 _____

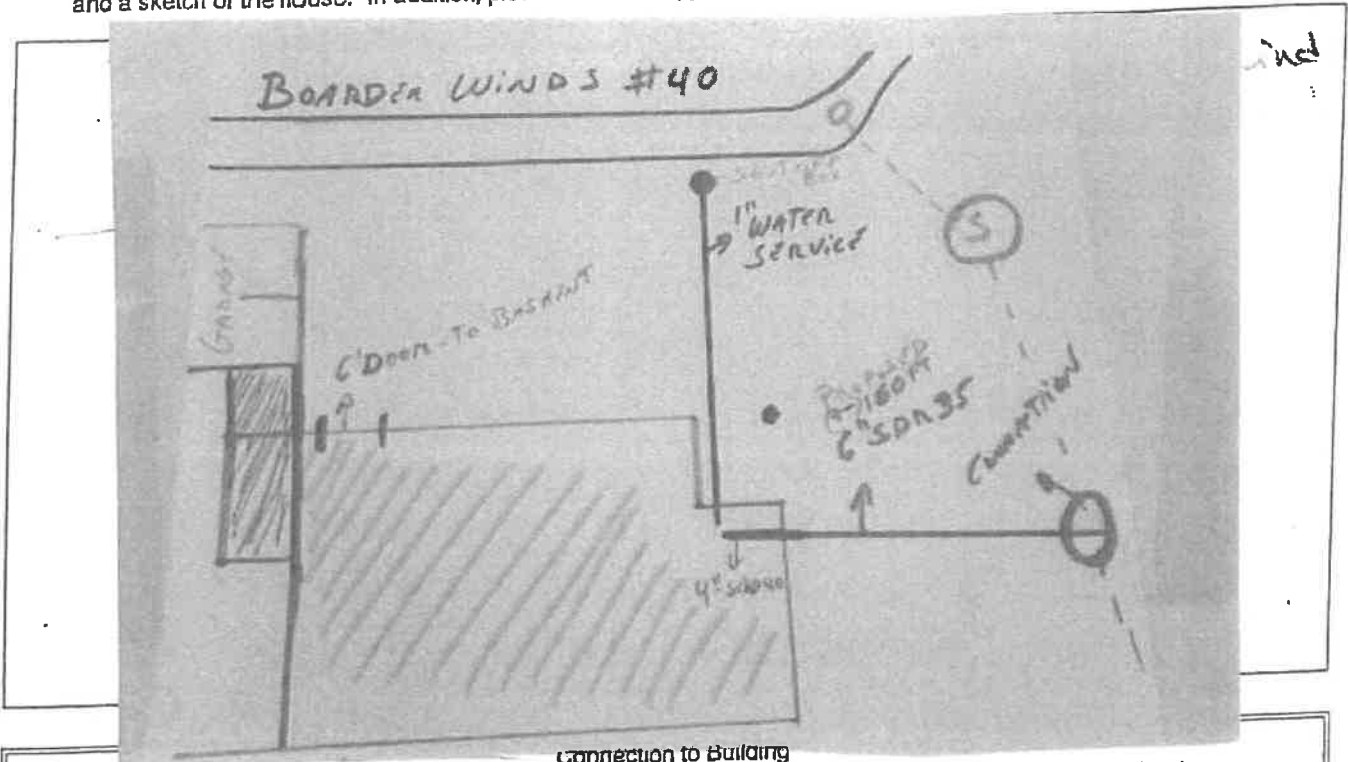


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Service Connection Ties

Address: 40 Border Winds Ave

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

6/9/21
Date

AMOUNT PAID: \$ 1300.00

CASH/CHECK # 330

DATE RECEIVED 6/9/21

BY [Signature]