



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: 7/28/21

APPLICANT NAME/CORPORATION <u>Cote & Foster Cont.</u>	
APPLICANT ADDRESS <u>20 Aegean Dr.</u>	HOME PHONE <u>978-682-6515</u>
CITY <u>Methuen Ma.</u>	ZIP CODE <u>01460</u>
E-MAIL ADDRESS OF APPLICANT <u>Steve@coteandfoster.com</u>	WORK/OTHER PHONE <u>978-423-6921</u>

LANDOWNER/BILLING NAME <u>Dave & Patty Nowoswiat</u>	
BILLING ADDRESS <u>145 Franklin St.</u>	HOME PHONE <u>978-846-2838</u>
CITY <u>Seabrook N.H.</u>	ZIP CODE <u>03874</u>
E-MAIL ADDRESS OF LANDOWNER <u>david.nowoswiat@gmail.com</u>	WORK/OTHER PHONE <u>978-846-2838</u>

SERVICE ADDRESS:

145 Franklin St.

ASSESSOR'S MAP-LOT-SEQ:

20/145

TYPE OF CONSTRUCTION: (Check All That Apply) NEW CONSTRUCTION RESIDENTIAL SINGLE FAMILY MULTI-FAMILY CONDO
MOBILE/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 STORIES IN BUILDING:	<u>2</u>	BUILDING SIZE IN SQUARE FEET:	<u>7744</u>	TOTAL PARCEL AREA IN SQUARE FEET:	<u>5000.00</u>
FIRE DEPARTMENT REQUIREMENTS	<input checked="" type="radio"/> NONE	SPRINKLE ALL	<input checked="" type="radio"/> YES	SPRINKLE GARAGE ONLY	<input checked="" type="radio"/> YES
FIRE HYDRANTS REQUIRED	<input checked="" type="radio"/> NONE	PUBLIC (NO. OF HYDRANTS)	<u>1</u>	PRIVATE (NO. OF HYDRANTS)	<u>1</u>
IS THERE A WELL ON THE PROPERTY?	YES <input checked="" type="radio"/> NO	USING RECYCLED WATER?	YES <input checked="" type="radio"/> NO		
WILL A PUMP BE USED TO BOOST PRESSURE?	YES - FIRE SERVICE <input checked="" type="radio"/> YES - DOMESTIC SERVICE <input checked="" type="radio"/> NO				
WILL THERE BE LANDSCAPE IRRIGATION?	YES <input checked="" type="radio"/> NO	IF YES, NUMBER OF SPRINKLER HEADS:	<u>1</u>		
FLOW OF EACH SPRINKLER HEAD IN GPM:	<u>15</u>	TOTAL IRRIGATED AREA IN SQUARE FEET:	<u>7744</u>		
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
<u>potable</u>	<u>residential</u>	<u>1"</u>	<u>5/8"</u>	<u>10</u>	<u>7/30/21</u>

FIXTURE UNIT COUNT - COMPLETE THE QUANTITY OF THE FOLLOWING

BATHROOM:	
TUBS/SHOWERS	<u>1</u>
JACUZZI TUBS	<u>0</u>
TUBS ONLY	<u>1</u>
TOILETS	<u>3</u>
SHOWERS ONLY	<u>1</u>
URINALS	<u>0</u>
SINKS	<u>5</u>
BIDETS	<u>0</u>

KITCHEN:	
DISHWASHERS	<u>1</u>
SINKS	<u>2</u>

LAUNDRY ROOM:	
CLOTHES WASHERS	<u>2</u>
SINKS	<u>1</u>

MISC/OTHER:	
HOSEBIBS	<u>2</u>
BAR SINKS	<u>0</u>
POOL (SIZE: <u>0</u>)	
DESCRIBE:	

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

LAND OWNER'S SIGNATURE

Patricia Nowoswiat

DATE

7/30/21

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

Cote & Foster Cont.

OFFICER'S NAME & TITLE (PRINT)

Steven M. Cote V.P.

APPLICANT/CORPORATION'S OFFICER SIGNATURE

[Signature]

DATE

7/28/21



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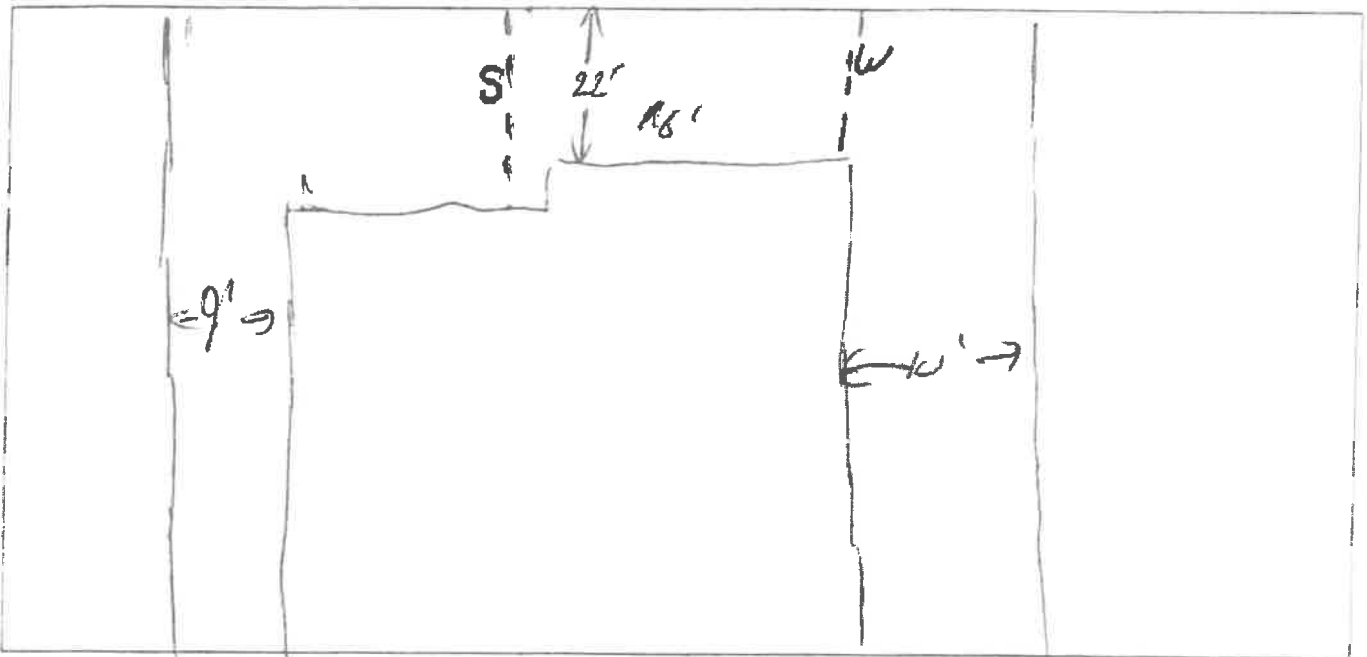
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WATER SERVICE APPLICATION

Service Connection Ties

Address: 145 Franklin 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] 8/10/21
Water Superintendent Date

AMOUNT PAID: 50.00

CASH/CHECK # 1093

DATE RECEIVED 8/2/21

BY EW