



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: 7-22-2021

APPLICANT NAME/CORPORATION <u>Philip Franciosa</u>		LANDOWNER/BILLING NAME	
APPLICANT ADDRESS <u>10 Merrimac Street</u>	HOME PHONE <u>978-270-6826</u>	BILLING ADDRESS	HOME PHONE
CITY <u>Seabrook, NH</u>	ZIP CODE <u>03874</u>	CITY	ZIP CODE
E-MAIL ADDRESS OF APPLICANT <u>Pfranciosa27@gmail.com</u>	WORK/OTHER PHONE	WORK/OTHER PHONE	
		E-MAIL ADDRESS OF LANDOWNER	

SERVICE ADDRESS: 3A Almena Way ASSESSOR'S MAP-LOT-SEQ: 10-90

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: 2 BUILDING SIZE IN SQUARE FEET: 1750 +/- TOTAL PARCEL AREA IN SQUARE FEET: 30,000

FIRE DEPARTMENT REQUIREMENTS ☒ NONE SPRINKLE ALL per unit 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
Potable	Residential				
Potable	Residential				

FIXTURE UNIT COUNT - COMPLETE THE QUANTITY OF THE FOLLOWING

BATHROOM:		KITCHEN:		LAUNDRY ROOM:		MISC/OTHER:	
TUBS/SHOWERS	<u>2</u>	DISHWASHERS	<u>1</u>	CLOTHES WASHERS	<u>1</u>	HOSE/BIBS	<u>2</u>
TUBS ONLY		SINKS	<u>1</u>	SINKS		BAR SINKS	
SHOWERS ONLY						POOL (SIZE:)	
SINKS	<u>3</u>					DESCRIBE:	
JACUZZI TUBS							
TOILETS	<u>3</u>						
URINALS							
BIDETS							

ADDITIONAL COMMENTS (IF APPLICABLE, LIST NO. OF BUILDINGS AND NO. IN EACH BUILDING) 1 48'x44' Building with 2 units

LAND OWNER'S SIGNATURE [Signature] DATE 7-22-2021

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 OFFICER'S NAME & TITLE (PRINT)

APPLICANT/CORPORATION'S OFFICER SIGNATURE [Signature] DATE 7-22-2021



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Service Connection Ties

Address: 3A Almena Way

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.

Sketch of service connection:

Washington Street

Existing Sewer Line

70' +/- Feet Sew

Proposed 6" Sewer Line

Proposed 1" Water Service

40' +/-

Existing Water Service

3A

Almena Way

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)

Water Superintendent

7/29/21

Date

AMOUNT PAID: \$50.00

CASH/CHECK # 1417

DATE RECEIVED 7/27/21

BY