



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 Philip Franciosa

APPLICANT ADDRESS 10 Merrimac Street HOME PHONE 978-270-6826

CITY Seabrook, NH ZIP CODE 03874 WORK/OTHER PHONE _____

E-MAIL ADDRESS OF APPLICANT Pfranciosa27@gmail.com

LANDOWNER/BILLING NAME _____

BILLING ADDRESS _____ HOME PHONE _____

CITY _____ ZIP CODE _____ WORK/OTHER PHONE _____

E-MAIL ADDRESS OF LANDOWNER _____

SERVICE ADDRESS: 3B 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	—	5/8"	—	—
Potable	Residential	—	5/8"	—	—

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 <u>2</u>	
TUBS ONLY _____	TOILETS <u>3</u>	SINKS <u>1</u>	SINKS _____			BAR SINKS _____	
SHOWERS ONLY _____	URINALS _____					POOL (SIZE: _____)	
SINKS <u>3</u>	BIDETS _____					DESCRIBE: _____	

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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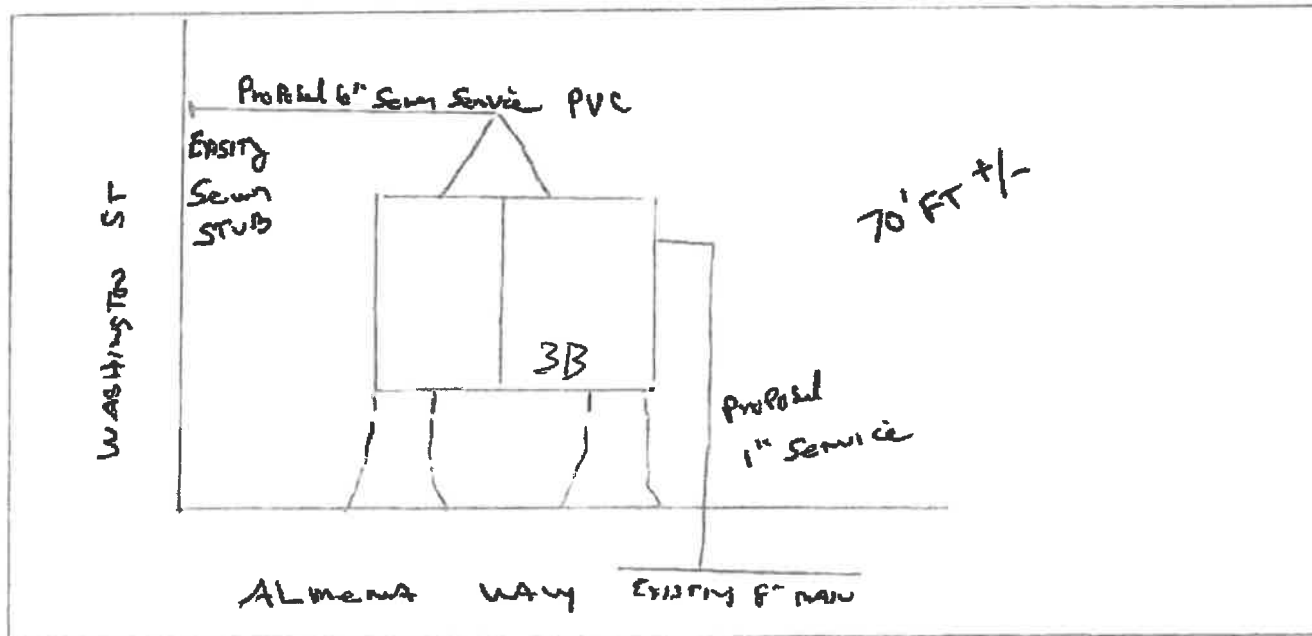
Phone: (603) 474-8821 Fax: (603) 474-3390

WATER SERVICE APPLICATION

Service Connection Ties

Address: 3B 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.



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 7/29/21

Board of Water Commissioners

REASON FOR DENIAL: _____

(Chairman)

[Signature]
Water Superintendent

Date

AMOUNT PAID: \$ 1300.00

CASH/CHECK # 1417

DATE RECEIVED 7/27/21

BY EW