



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 7-29 / 21

APPLICANT NAME/CORPORATION

Stonebrook Mobile Home Park

APPLICANT ADDRESS 42 Washington St

CITY/STATE ZIP CODE WORK/OTHER PHONE

Seabrook NH 03874

E-MAIL ADDRESS OF APPLICANT

LANDOWNER/BILLING NAME

Stonebrook Mobile Home Park - B. Brown

BILLING ADDRESS 42 Washington St

CITY/STATE ZIP CODE WORK/OTHER PHONE

Seabrook NH 03874

E-MAIL ADDRESS OF LANDOWNER

SERVICE ADDRESS: 17 BROWN AVENUE

ASSESSOR'S MAP-LOT-SEQ: 15-102-17

TYPE OF CONSTRUCTION: (Check All That Apply) NEW CONSTRUCTION ☒ RESIDENTIAL SINGLE FAMILY MULTI-FAMILY CONDO
MOBILE/MANUFACTURED HOME COMMERCIAL INDUSTRIAL ☒ OTHER (Please Describe) water leak repair

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

NO. OF STORIES IN BUILDING: BUILDING SIZE IN SQUARE FEET: 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 |
|---------------------|--|--------------|------------|----------------------|---|
| potable | residential | | 1/2" | | |

FIXTURE UNIT COUNT - COMPLETE THE QUANTITY OF THE FOLLOWING

| | | | | |
|--------------|--------------|-------------|-----------------|---------------|
| BATHROOM: | | KITCHEN: | LAUNDRY ROOM: | MISC/OTHER: |
| TUBS/SHOWERS | JACUZZI TUBS | DISHWASHERS | CLOTHES WASHERS | HOSE/BIBS |
| TUBS ONLY | TOILETS | SINKS | SINKS | BAR SINKS |
| SHOWERS ONLY | URINALS | | | POOL (SIZE:) |
| SINKS | BIDETS | | | DESCRIBE: |

LAND OWNER'S SIGNATURE

Bruce H. Brown

DATE 7/29/21

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

OFFICER'S NAME & TITLE (PRINT)

APPLICANT/CORPORATION'S OFFICER SIGNATURE

Same

DATE



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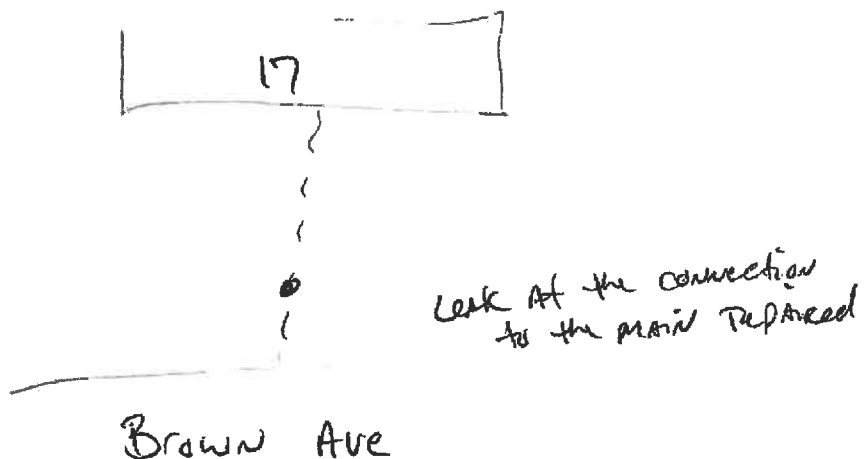
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WATER SERVICE APPLICATION

Service Connection Ties

Address: 17 Brown 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)

 8/18/21
Water Superintendent Date

AMOUNT PAID: 50.00 CASH/CHECK # 3131 DATE RECEIVED 8/2/21 BY ew