



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: 9/13/21

APPLICANT NAME/CORPORATION
ClearChoiceMD MSO LLC

APPLICANT ADDRESS

636 Lafayette Road

CITY Seabrook, NH

ZIP CODE 03847

HOME PHONE

603-526-4635

WORK/OTHER PHONE

E-MAIL ADDRESS OF APPLICANT

Facilities@ccmdcenters.com

LANDOWNER/BILLING NAME

Billing: Ryan Pinsonault

BILLING ADDRESS

74 Pleasant Street

CITY

New London, NH

ZIP CODE 03257

HOME PHONE

WORK/OTHER PHONE

E-MAIL ADDRESS OF LANDOWNER

ap@ccmdcenters.com

SERVICE ADDRESS: 636 Lafayette Road, Seabrook, NH 03847

ASSESSOR'S MAP-LOT-SEQ:

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: 1

BUILDING SIZE IN SQUARE FEET: 3,302

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:

Urgent Care CCMD

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	fire	-	2"	-	-

FIXTURE UNIT COUNT - COMPLETE THE QUANTITY OF THE FOLLOWING

BATHROOM:

TUBS/SHOWERS

JACUZZI TUBS

TUBS ONLY

TOILETS

X

SHOWERS ONLY

URINALS

SINKS

X

BIDETS

KITCHEN:

DISHWASHERS

SINKS

X

LAUNDRY ROOM:

CLOTHES WASHERS

SINKS

MISC/OTHER:

HOSEBIBS

BAR SINKS

POOL (SIZE:)

DESCRIBE:

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

LAND OWNER'S SIGNATURE

[Signature]

DATE

9/14/2021

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 ClearChoiceMD MSO LLC

OFFICER'S NAME & TITLE (PRINT)

Adam Mason

APPLICANT/CORPORATION'S OFFICER SIGNATURE

[Signature]

DATE 9/13/21



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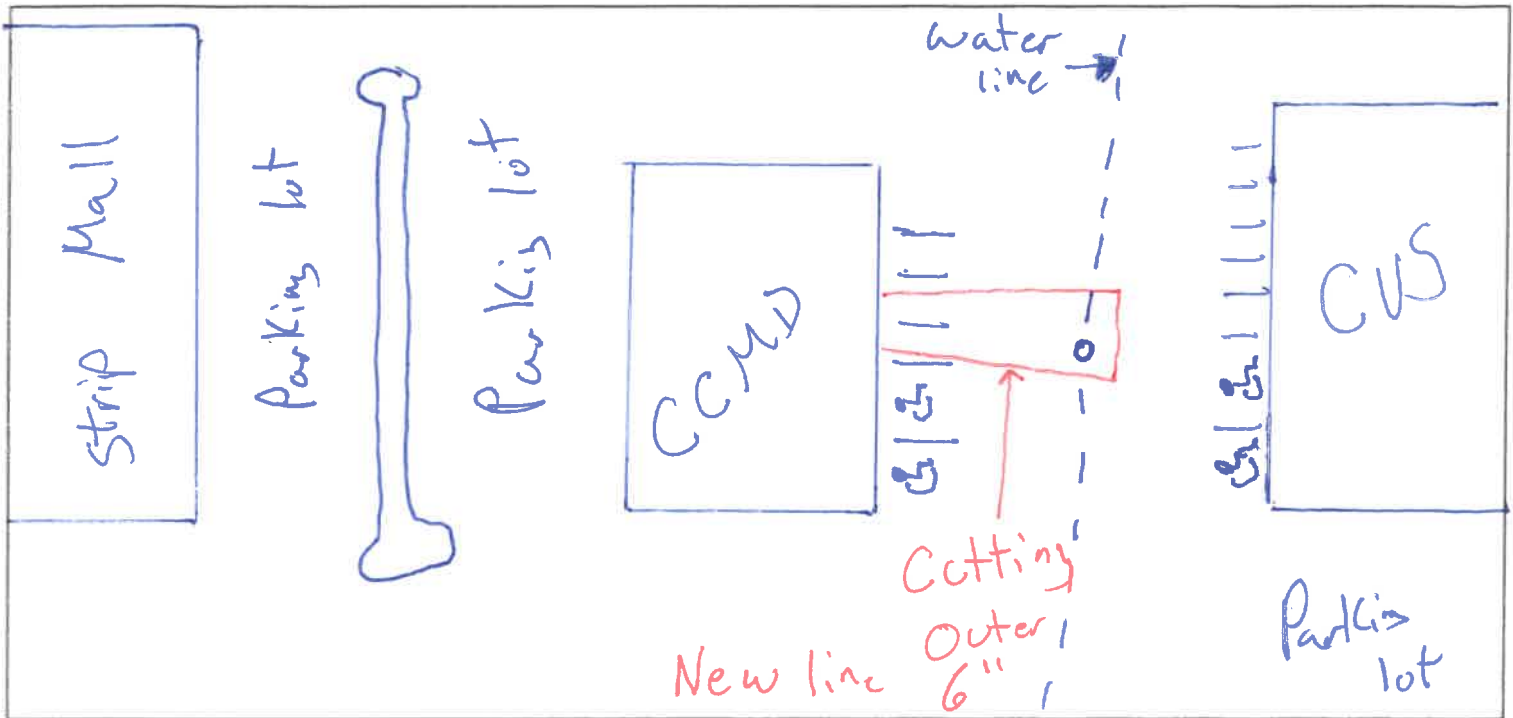
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WATER SERVICE APPLICATION

Service Connection Ties

Address: 636 Lafayette Road, Seabrook, NH 03874

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)

Water Superintendent

Date

AMOUNT PAID: 10,700⁰⁰

CASH/CHECK # 10736

DATE RECEIVED 9/15/21

BY *EW*