

TOWN OF SEABROOK PUBLIC WATER SYSTEM

550 Roule 107 ~ PO Box 456, Seabrook, NH 03874 Phone: (603) 474-9921 Fax: (603) 474-3399

WATER SERVICE APPLICATION

APPLICANT INFO SAME AS L	ANDOWNER?	YES	NO	DATE: 8	16.202)	· · · · · · · · · · · · · · · · · · ·		
SUPPLIENT NAME/CORPORA	TION 3			LANDOWNER	BILLING NAME			
APPLICANT ADDRESS	1	He 6	OME PHONE 3777363	SILLING ADDR	ESS			HOME PHONE
5ec brook		W G	ORKIOTHER PHO	NE CITY		ZIP CO	DOE	WORKIOTHER PHONE
ROUTES OF APPLIC	comcost.	Not		E-MAIL ADDRE	SS OF LANDOWN	ER .		
SERVICE ADDRESS:	35	TA Do	Ws Ln		ASSESSO.	R'S MAP-LOT-SEQ:	12-	2-1
TYPE OF CONSTRUCTION:	(Check All That Appl		W CONSTRUCTION	RESIDENT	AL SINGL	E FAMILY MU	JLTI-FAM	
MOBILE/MANUFACTURED HOME COMMERCIAL INDUSTRIAL OTHER (Please Describe)								
*UNDER 'A	DDITIONAL COMMI	ENTS' SECTION	ON, LIST NO. OF B	UILDINGS AND NO. (F UNITS IN EACH	BUILDING, IF APPLIC	ABLE	
NO. OF STORIES IN BUILDING FIRE DEPARTMENT REQUIRE FIRE HYDRANTS REQUIRED IS THERE A WELL ON THE PR WILL A PUMP BE USED TO BO WILL THERE BE LANDSCAPE FLOW OF EACH SPRINKLER F	MENTS OPERTY? OOST PRESSURE? IRRIGATION? HEAD IN GPM:	NONE NONE YES YES-1 YES	PUBLIC (NO IF	E ALL NO. OF HYDRANTS YES - DOMESTI FYES, NUMBER OF	USING RECYC	PRIVATE (NO. OF H SLED WATER? NO S:	4	10 0000 SNO
,			PERMITER LIPT	ALL DEALINES DE	DARCES			
POTABLE OR RECYCLED	SERVICE USE (RESIDENTIAL, FIRE, IRRIGATION, ETC.)			LATERAL SIZE	MAX DEL		ND ANTICIPATED DATE OF METER INSTALLATION	
				1				
				1				
		FIXTUR	RE UNIT COUNT - CON	PLETE THE QUANTITY	FTHE FOLLOWING			
TUBS/SHOWERS 1 TUBS ONLY SHOWERS ONLY SINKS 1	HROOM: JACUZZI TUBS TOILETS URINALS BIDETS	DISHWASHERS SINKS	1.	CLOTHES WASHERS SINKS BAR SINKS POOL (SIZE: DESCRIBE:				
ADDITIONAL COMMENTS (IF)	VPPLICABLE, LIST	O. OF BUILD	DINGS AND NO. IN	I EACH BUILDING)				
LAND OWNER'S SIGNATURE By signing above, I agree I will no. ""ALSO: THIS "F						urred during, or as a res and THE FEE WILL, I		rater Installation.
,			1	1				
CORPORATION NAME			Ani	FICER'S NAME &	TITLE (PBINT)			
APPLICANT/CORPORATION'S	OFFICER SIGNAT	URE	11 1	Page 1 of 2			DA	TE 8:16202



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Service Connection Ties

Address:
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 Superintenties Date
AMOUNT PAID: 1300 CASH/CHECK # 189 DATE RECEIVED 8/23/21 BY EW

