



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: 4/11/23

APPLICANT NAME/CORPORATION
Bruce Brown

APPLICANT ADDRESS
21 Collins St.

CITY
Seabrook NH

E-MAIL ADDRESS OF APPLICANT
bbrown1453@comcast.net

HOME PHONE
603-944-0810

WORK/OTHER PHONE
603-474-2646

ZIP CODE
03874

LANDOWNER/BILLING NAME
Bruce Brown

BILLING ADDRESS
42 Washington St.

CITY
Seabrook NH

E-MAIL ADDRESS OF LANDOWNER

HOME PHONE

WORK/OTHER PHONE

ZIP CODE
03874

SERVICE ADDRESS: 21 Collins St. ASSESSOR'S MAP-LOT-SEQ 10 / 65 / -1

TYPE OF CONSTRUCTION: (Check All That Apply) NEW CONSTRUCTION RESIDENTIAL SINGLE FAMILY MULTI-FAMILY CONDO

MOBILE/MANUFACTURED HOME COMMERCIAL INDUSTRIAL OTHER (Please Describe) Replace Service line

*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: 1200 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:

POTABLE OR RECYCLED	SERVICE USE (RESIDENTIAL, FIRE, IRRIGATION, ETC.)	LATERAL SIZE	METER SIZE	MAX DEMAND IN GPM	ANTICIPATED DATE OF METER INSTALLATION

FIXTURE UNIT COUNT - COMPLETE THE QUANTITY OF THE FOLLOWING

BATHROOM:		KITCHEN:		LAUNDRY ROOM:		MISC/OTHER:	
TUBS/SHOWERS	<u>1</u>	JACUZZI TUBS		DISHWASHERS	<u>1</u>	CLOTHES WASHERS	<u>1</u>
TUBS ONLY		TOILETS	<u>1</u>	SINKS		SINKS	
SHOWERS ONLY		URINALS					
SINKS	<u>1</u>	BIDETS					

POOL (SIZE: _____) DESCRIBE: _____

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

LAND OWNER'S SIGNATURE Bruce Brown DATE 4/11/23

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.

CORPORATION NAME OFFICER'S NAME & TITLE (PRINT)

APPLICANT/CORPORATION'S OFFICER SIGNATURE Bruce Brown DATE 4/12/23



TOWN OF SEABROOK PUBLIC WATER SYSTEM

550 Route 107 - PO Box 456, Seabrook, NH 03874

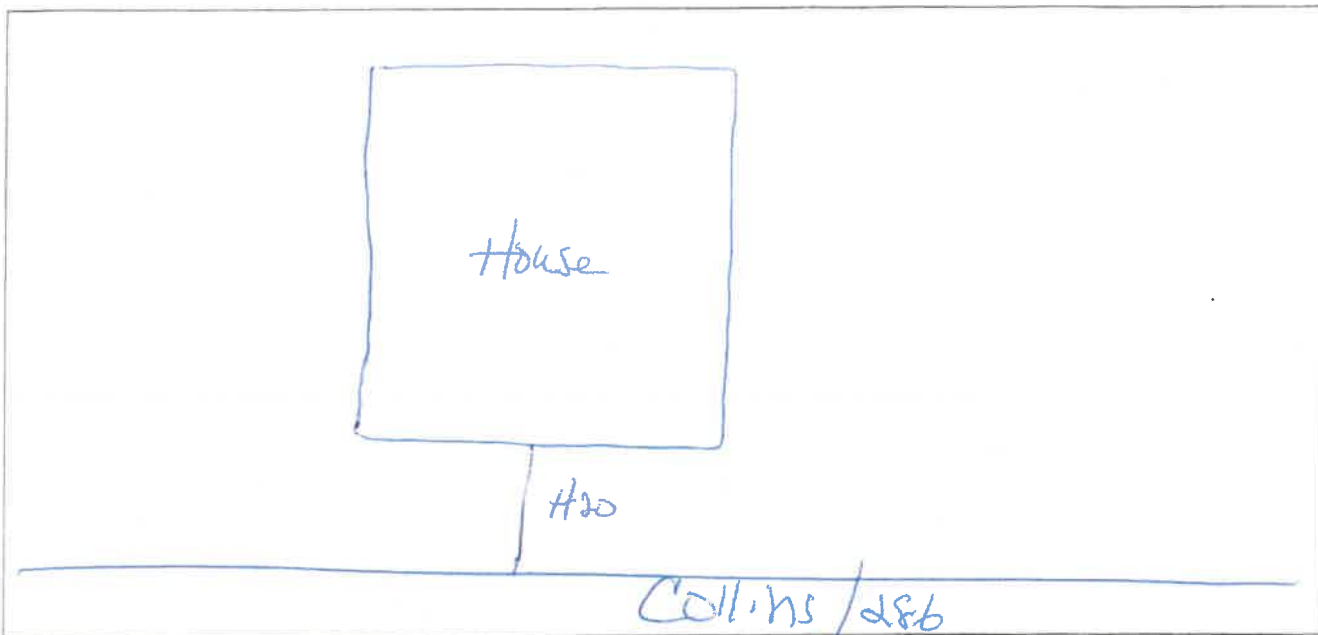
Phone: (603) 474-9921 Fax: (603) 474-3399

WATER SERVICE APPLICATION

Service Connection Ties

Address: 21 Collins St. Seabrook NH

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)

[Signature]
Water Superintendent

4/12/23
Date

AMOUNT PAID: \$100

CASH/CHECK # cash

DATE RECEIVED 4-12-23

BY MS