



# 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: 4/26/23

APPLICANT NAME/CORPORATION  
163 Atlantic Ave Realty Trust

APPLICANT ADDRESS  
163 Atlantic Ave

CITY/STATE  
Seabrook NH

E-MAIL ADDRESS OF APPLICANT  
lopikatob@verizon.net

HOME/WORK PHONE  
978-857-0920

WORK/OTHER PHONE  
978-857-0920

ZIP CODE  
03874

LANDOWNER/BILLING NAME  
163 Atlantic Ave Realty Trust

BILLING ADDRESS  
163 Atlantic Ave

CITY/STATE  
SEA BROOK NH

E-MAIL ADDRESS OF LANDOWNER  
lopikatob@verizon.net

HOME/WORK PHONE  
978-857-0920

WORK/OTHER PHONE  
978-857-0920

ZIP CODE  
03874

SERVICE ADDRESS: 163 Atlantic Ave ASSESSOR'S MAP-LOT-SEQ. 21-9

TYPE OF CONSTRUCTION: (Check All That Apply)

NEW CONSTRUCTION  RESIDENTIAL  SINGLE FAMILY  MULTI-FAMILY  CONDO

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

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

NO. OF STORIES IN BUILDING: 3 BUILDING SIZE IN SQUARE FEET: 3515 TOTAL PARCEL AREA IN SQUARE FEET: 5000 sq.

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: 1500

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"	-	-

FIXTURE UNIT COUNT - COMPLETE THE QUANTITY OF THE FOLLOWING

BATHROOM:		KITCHEN:		LAUNDRY ROOM:		MISC/OTHER:	
TUBS/SHOWERS	<u>3</u>	DISHWASHERS	<u>1</u>	CLOTHES WASHERS	<u>1</u>	HOSE/BIBS	
TUBS ONLY		SINKS	<u>1</u>	SINKS		BAR SINKS	
SHOWERS ONLY						POOL (SIZE: <u>    </u> )	
SINKS	<u>5</u>					DESCRIBE:	
JACUZZI TUBS							
TOILETS	<u>5</u>						
URINALS							
BIDETS							

LAND OWNER'S SIGNATURE Josh Lopikato DATE 4/26/23

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.

**\*\*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 4/26/23



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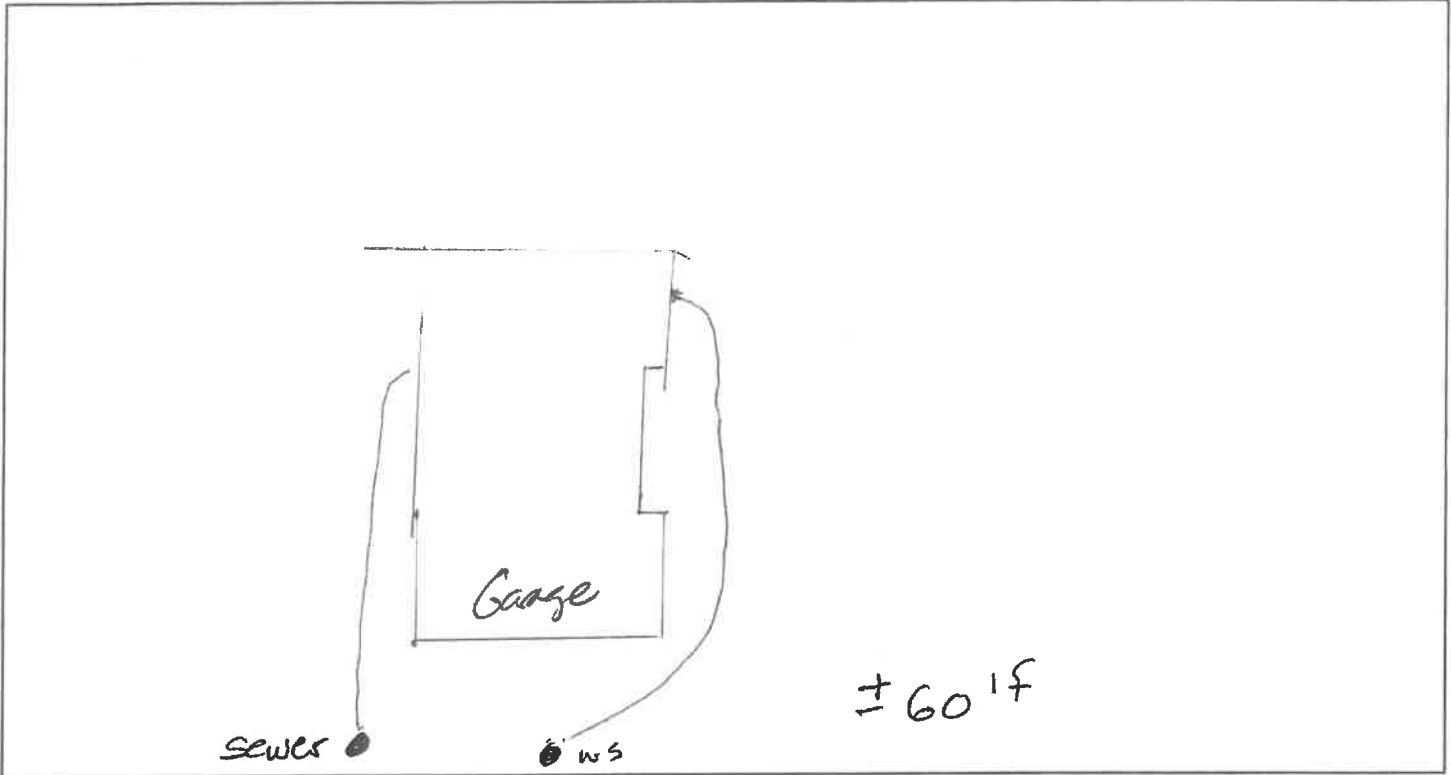
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**WATER SERVICE APPLICATION**

**Service Connection Ties**

Address: 163 Atlantic 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)

\_\_\_\_\_  
Water Superintendent

4/27/22  
Date

AMOUNT PAID: \$100 CASH/CHECK # 15642 DATE RECEIVED 4-26-23 BY MS