



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: 5/8/23

APPLICANT NAME/CORPORATION <i>Mary Dade</i>			LANDOWNER/BILLING NAME <i>Mary Dade</i>		
APPLICANT ADDRESS <i>25 Boynton Lane</i>			BILLING ADDRESS <i>25 Boynton Lane</i>		
CITY/STATE <i>Seabrook NH</i>		ZIP CODE <i>03874</i>	HOME/WORK PHONE <i>(603) 738-7788</i>		HOME/WORK PHONE <i>(603) 738-7788</i>
E-MAIL ADDRESS OF APPLICANT <i>midrn97@comcast.net</i>		WORK/OTHER PHONE	CITY/STATE <i>Seabrook NH</i>		ZIP CODE <i>03874</i>
E-MAIL ADDRESS OF APPLICANT <i>midrn97@comcast.net</i>			E-MAIL ADDRESS OF LANDOWNER <i>midrn97@comcast.net</i>		

SERVICE ADDRESS: *25 Boynton Lane* ASSESSOR'S MAP-LOT-SEQ: *9-5*

TYPE OF CONSTRUCTION: (Check All That Apply) RESIDENTIAL SINGLE FAMILY MULTI-FAMILY CONDO
 MOBILE/MANUFACTURED HOME COMMERCIAL INDUSTRIAL OTHER (Please Describe) *Emergency Line Repair*

**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: _____ 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
<i>potable</i>	<i>residential</i>	<i>-</i>	<i>5/8"</i>	<i>-</i>	<i>-</i>

FIXTURE UNIT COUNT - COMPLETE THE QUANTITY OF THE FOLLOWING

BATHROOM:		KITCHEN:		LAUNDRY ROOM:		MISC/OTHER:	
TUBS/SHOWERS	<i>2</i>	DISHWASHERS	<i>1</i>	CLOTHES WASHERS	<i>1</i>	HOSEBIBS	
TUBS ONLY	<i>2</i>	SINKS	<i>1</i>	SINKS	<i>1</i>	BAR SINKS	
SHOWERS ONLY	<i>2</i>					POOL (SIZE: _____)	
SINKS	<i>3</i>					DESCRIBE:	
JACUZZI TUBS	<i>0</i>						
TOILETS	<i>3</i>						
URINALS	<i>0</i>						
BIDETS	<i>0</i>						

LAND OWNER'S SIGNATURE *Mary Dade* DATE *5/8/23*

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 *Mary Dade* DATE *5/8/23*



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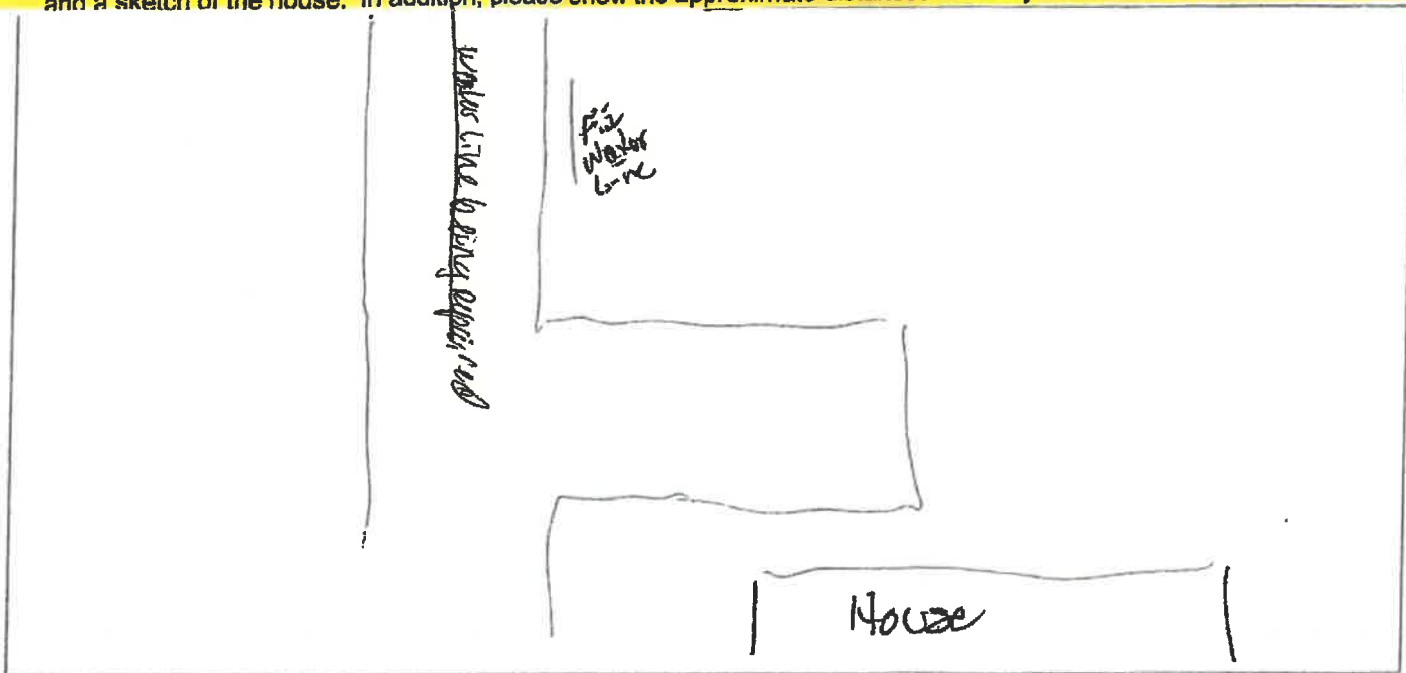
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WATER SERVICE APPLICATION

Service Connection Ties

Address: 25 Boynton Lane

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)

George M. Costa 5/8/23
Water Superintendent Date

AMOUNT PAID: 50.00

CASH/CHECK#

50.00

DATE RECEIVED

5/8/23

BY

[Signature]