



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: 6/19/23

APPLICANT NAME/CORPORATION <u>Michael Teheen</u>		
APPLICANT ADDRESS <u>26 Skyline Rd</u>	HOME/WORK PHONE <u>978-836-6969</u>	
CITY/STATE <u>1 Beach MA</u>	ZIP CODE <u>01938</u>	WORK/OTHER PHONE
E-MAIL ADDRESS OF APPLICANT <u>Teheencorstruction@gmail.com</u>		

LANDOWNER/BILLING NAME <u>Same</u>		
BILLING ADDRESS		HOME/WORK PHONE
CITY/STATE	ZIP CODE	WORK/OTHER PHONE
E-MAIL ADDRESS OF LANDOWNER		

SERVICE ADDRESS: <u>28 Mill Lane #2</u>	ASSESSOR'S MAP-LOT-SEQ: <u>4-5-400</u>
TYPE OF CONSTRUCTION: (Check All That Apply) <input checked="" type="checkbox"/> NEW CONSTRUCTION <input checked="" type="checkbox"/> RESIDENTIAL SINGLE FAMILY <input type="checkbox"/> MULTI-FAMILY <input type="checkbox"/> CONDO	
MOBILE/MANUFACTURED HOME <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> INDUSTRIAL <input checked="" type="checkbox"/> OTHER (Please Describe) <u>Duplex Newline</u>	
*UNDER 'ADDITIONAL COMMENTS' SECTION, LIST NO. OF BUILDINGS AND NO. OF UNITS IN EACH BUILDING, IF APPLICABLE	

NO. OF STORIES IN BUILDING: <u>2</u>	BUILDING SIZE IN SQUARE FEET: <u>2000 ±</u>	TOTAL PARCEL AREA IN SQUARE FEET: <u>30,000</u>
FIRE DEPARTMENT REQUIREMENTS	NONE <input type="checkbox"/> SPRINKLE ALL <input type="checkbox"/> SPRINKLE GARAGE ONLY <input type="checkbox"/>	
FIRE HYDRANTS REQUIRED	NONE <input type="checkbox"/> PUBLIC (NO. OF HYDRANTS <u> </u>) <input type="checkbox"/> PRIVATE (NO. OF HYDRANTS <u> </u>) <input type="checkbox"/>	
IS THERE A WELL ON THE PROPERTY?	YES <input type="checkbox"/> <input checked="" type="radio"/> NO <input type="checkbox"/>	USING RECYCLED WATER? YES <input type="checkbox"/> NO <input type="checkbox"/>
WILL A PUMP BE USED TO BOOST PRESSURE?	YES - FIRE SERVICE <input type="checkbox"/> YES - DOMESTIC SERVICE <input type="checkbox"/> NO <input type="checkbox"/>	
WILL THERE BE LANDSCAPE IRRIGATION?	YES <input type="checkbox"/> <input checked="" type="radio"/> NO <input type="checkbox"/> IF YES, NUMBER OF SPRINKLER HEADS: <u> </u>	TOTAL IRRIGATED AREA IN SQUARE FEET: <u> </u>
FLOW OF EACH SPRINKLER HEAD IN GPM: <u> </u>		
IF NON-RESIDENTIAL, DESCRIBE BUSINESS TYPE OR USAGE OF LOT: <u> </u>		

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>	HOSEBIBS	<u> </u>
TUBS ONLY	<u> </u>	SINKS	<u>1</u>	SINKS	<u> </u>	BAR SINKS	<u> </u>
SHOWERS ONLY	<u> </u>					POOL (SIZE: <u> </u>)	<u> </u>
SINKS	<u>5</u>					DESCRIBE:	<u> </u>
JACUZZI TUBS	<u> </u>						
TOILETS	<u>4</u>						
URINALS	<u> </u>						
BIDETS	<u> </u>						

LAND OWNER'S SIGNATURE [Signature] DATE 6/19/23
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 Teheencorstruction LLC OFFICER'S NAME & TITLE (PRINT) President

APPLICANT/CORPORATION'S OFFICER SIGNATURE [Signature] DATE 6/19/23



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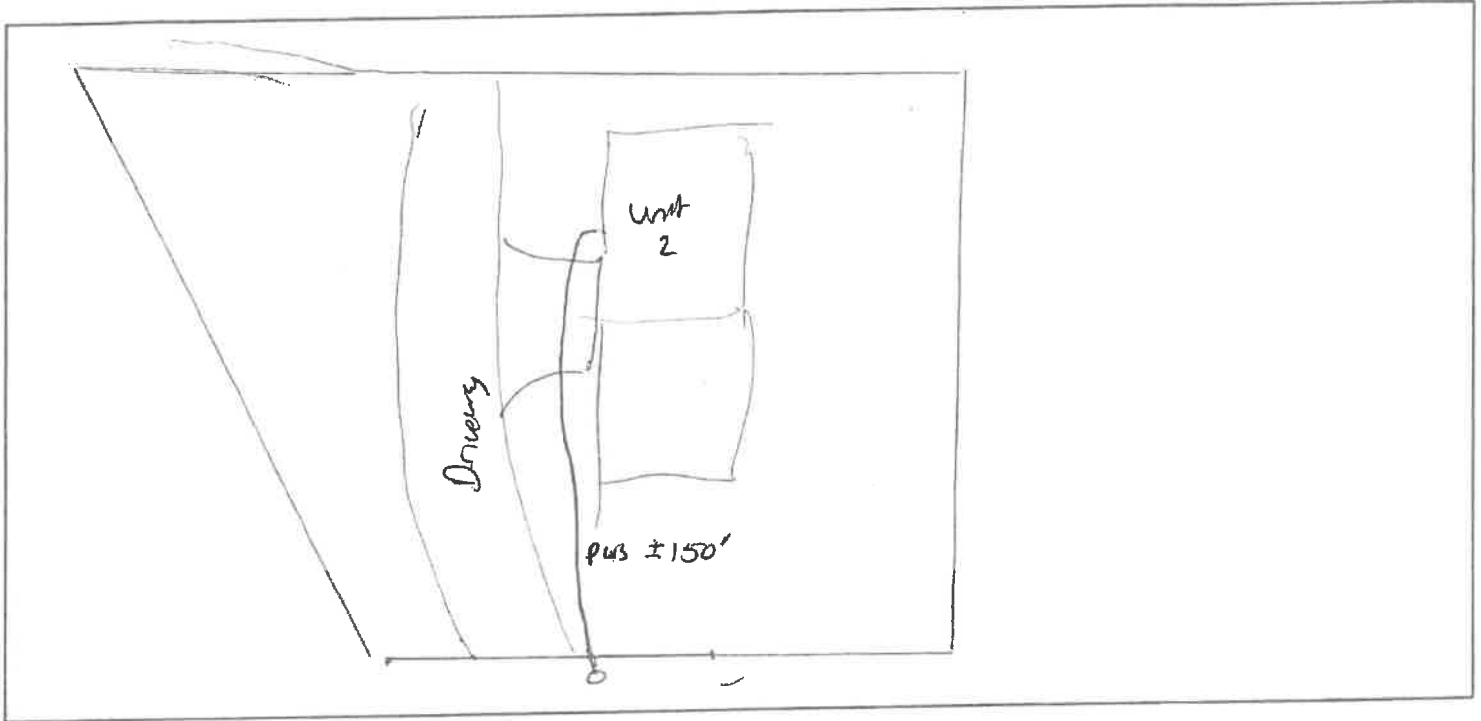
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WATER SERVICE APPLICATION

Service Connection Ties

Address: 28 Mill Ln unit 2

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

6/8/23

Date

AMOUNT PAID: \$1300

CASH/CHECK # 112

DATE RECEIVED 6-9-23

BY MS