



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: 6/9/23

| | | |
|--|--------------------------|-----------------------------------|
| APPLICANT NAME/CORPORATION <u>Michael Teheer</u> | | |
| APPLICANT ADDRESS <u>26 Skytop Rd</u> | | HOME PHONE <u>978-936-8969</u> |
| CITY <u>Isiswich NH</u> | ZIP CODE <u>02438</u> | WORK/OTHER PHONE |
| E-MAIL ADDRESS OF APPLICANT <u>Teheerconstruction@gmail.com</u> | | |

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

| | |
|---|----------------------------------|
| SERVICE ADDRESS: <u>30 Mill Ln unit 1</u> | ASSESSOR'S MAP-LOT-SEQ: |
| TYPE OF CONSTRUCTION: (Check All That Apply) <input checked="" type="checkbox"/> NEW CONSTRUCTION <input checked="" type="checkbox"/> RESIDENTIAL | SINGLE FAMILY MULTI-FAMILY CONDO |
| MOBILE/MANUFACTURED HOME COMMERCIAL INDUSTRIAL OTHER (Please Describe) <u>Duplex New line</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>862,990</u> |
| 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 <input checked="" type="checkbox"/> 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 <input checked="" type="checkbox"/> 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 |
|---------------------|---|--------------|------------|-------------------|--|
| | | | | | |
| | | | | | |
| | | | | | |

FIXTURE UNIT COUNT - COMPLETE THE QUANTITY OF THE FOLLOWING

| | | | | | | | |
|-----------------------|------------------|----------------------|-----------------|--------------------------|-------|--------------------|--|
| BATHROOM: | | KITCHEN: | | LAUNDRY ROOM: | | MISC/OTHER: | |
| TUBS/SHOWERS <u>3</u> | JACUZZI TUBS | DISHWASHERS <u>1</u> | CLOTHES WASHERS | CLOTHES WASHERS <u>1</u> | SINKS | HOSEBIBS | |
| TUBS ONLY | TOILETS <u>4</u> | SINKS | SINKS | SINKS | | BAR SINKS | |
| SHOWERS ONLY | URINALS | | | | | POOL (SIZE: _____) | |
| SINKS <u>5</u> | BIDETS | | | | | DESCRIBE: | |

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

LAND OWNER'S SIGNATURE [Signature] DATE 6/9/23

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 Teheer Construction Inc OFFICER'S NAME & TITLE (PRINT) President

APPLICANT/CORPORATION'S OFFICER SIGNATURE [Signature] DATE 6/9/23

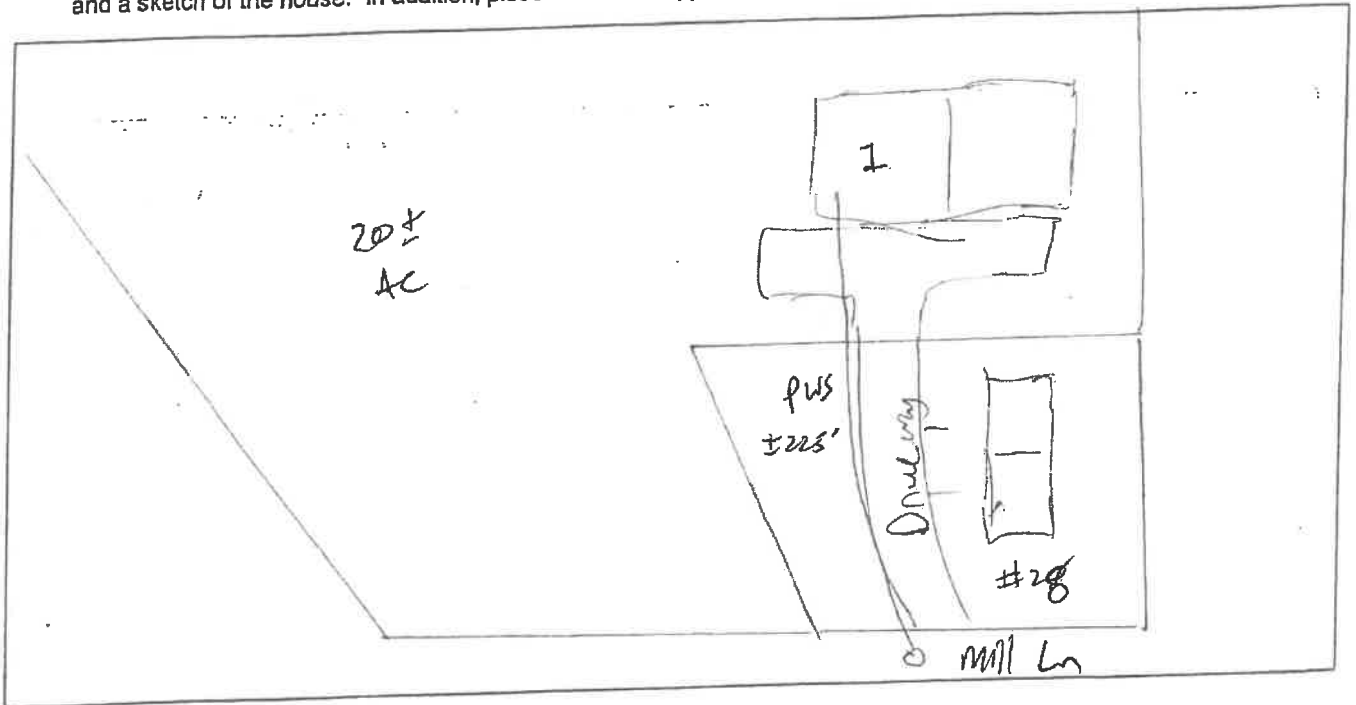


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WATER SERVICE APPLICATION

Service Connection Ties

Address: 30 Mill Ln # 1

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

6/9/23

Date

AMOUNT PAID: \$1300

CASH/CHECK # 113

DATE RECEIVED 6-11-23

BY MS