

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 D	ANDOWNER? YES	ко	DATE: 6	19/23		
APPLICATI NAME/CORPORA	LANDOWNER	LANDOWNER/BILLING NAME Soune				
APPLICANT ADDRESS	elleren)	HOME PHONE 978-696	SILLING ADDR	ESS	0.441	HOME PHONE
183wich NA	ZIP CODE	WORK/OTHER PHON	Æ CHY		ZIP COE	WORK/OTHER PHONE
E-MAIL ADDRESS OF APPLICA	1	ear	E-MAIL ADDRE	SS OF LANDOWNE	R 	
SERVICE ADDRESS: 3	o mil las	unt 2		ASSESSOR	'S MAP-LOT-SEQ:	
TYPE OF CONSTRUCTION: MOBILEMANUFACTURED	(Check All That Apply)	NEW CONSTRUCTIO	OTHER (PI	ease Describe)) ples	TI-FAMILY CONDO New line
NO. OF STORIES IN BUILDING FIRE DEPARTMENT REQUIRE FIRE HYDRANTS REQUIRED IS THERE A WELL ON THE PR WILL A PUMP BE USED TO BO WILL THERE BE LANDSCAPE FLOW OF EACH SPRINKLER H IF NON-RESIDENTIAL, DESCR	MENTS NO OPERTY? YE OST PRESSURE? YE IRRIGATION? YE HEAD IN GPM:	S (ND) S-FIRE SERVICE S (B) IF	E ALL NO. OF HYDRANTS YES - DOMESTIC YES, NUMBER OF S	SPRINKLE GARAG USING RECYCL SERVICE	PRIVATE (NO. OF HY LED WATER? NO	
8		SERVICES - LIST	ALL REQUIRED PER	PARCEL		
POTABLE OR RECYCLED	POTABLE OR RECYCLED SERVICE USE (RESIDENTIAL, FIRE, IRRIGATION, ETC.)		LATERAL SIZE	METER SIZE	HAX DEMAND IN GPM	ANTICIPATED DATE OF METER INSTALLATION
	EI	יייי - בייייי בייייי	OI EYE TUS ONAUTITY (SETHE FOIL OWING		
TUBS/SHOWERS 3 TUBS ONLY SHOWERS ONLY SINKS	CLOTH	CLOTHES WASHERS SINKS BAR SINKS POOL (SIZE:				
ADDITIONAL COMMENTS (IF A	APPLICABLE, LIST NO. OF B	UILDINGS AND NO, IN	EACH BUILDING			
	0-3-					1/2/23
LAND OWNER'S SIGNATURE By signing above, I agree I will not "ALSO: THIS APP	field the Seatrook Water Depar PLICATION WILL EXPIRE 2 Y			D OF SELECTMEN	and THE FEE WILL E	
CORPORATION NAME	hen contracte	clac c	OFFICER'S NAME &	TITLE (PRINT)	fresilat	
APPLICANT/CORPORATION'S	OFFICER SIGNATURE	m	Page 1 of 2	pen	last	DATE 6/9/2

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Service Connection Ties

Address: 30 mill to £2	
Please provide a sketch of the service connection with the approximate length. Please indicate the name of the and a sketch of the house. In addition, please show the approximate distances from any sewer lines on the pr	street operty.
20t AC PWS ±290 Ed ++28	7
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 Superiolegient Date	
AMOUNT PAID: \$13.00 CASH/CHECK# DATE RECEIVED G-9-23 BY M	5_