



TOWN OF SEABROOK PUBLIC WATER SYSTEM

550 Route 107 ~ PO Box 456, Seabrook, NH 03874
Phone: (603) 474-9821 Fax: (603) 474-3399

WATER SERVICE APPLICATION

APPLICANT INFO SAME AS LANDOWNER? YES NO DATE: _____

APPLICANT NAME/CORPORATION Marv Couture		LANDOWNER/BILLING NAME Marv Couture	
APPLICANT ADDRESS 126 Lower Collins St 281		BILLING ADDRESS 25188 Marion Ave 781-521	
CITY Seabrook NH	ZIP CODE 03874	CITY Punta Gorda FL	ZIP CODE 33950
HOME PHONE 521-9448		HOME PHONE 9448	
WORK/OTHER PHONE (blank)		WORK/OTHER PHONE (blank)	
E-MAIL ADDRESS OF APPLICANT MarvCouture@Live.com		E-MAIL ADDRESS OF LANDOWNER MarvCouture@Live.com	

SERVICE ADDRESS: _____ **ASSESSOR'S MAP-LOT-SEQ:** _____

TYPE OF CONSTRUCTION: (Check All That Apply) NEW CONSTRUCTION RESIDENTIAL SINGLE FAMILY MULTI-FAMILY CONDO

MOBILE/MANUFACTURED HOME COMMERCIAL INDUSTRIAL OTHER (Please Describe) Emergency 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:** 1260 **TOTAL PARCEL AREA IN SQUARE FEET:** 20600

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

FIXTURE UNIT COUNT - COMPLETE THE QUANTITY OF THE FOLLOWING

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

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

LAND OWNER'S SIGNATURE Marv Couture **DATE** 5/2/2023

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 _____ **DATE** _____

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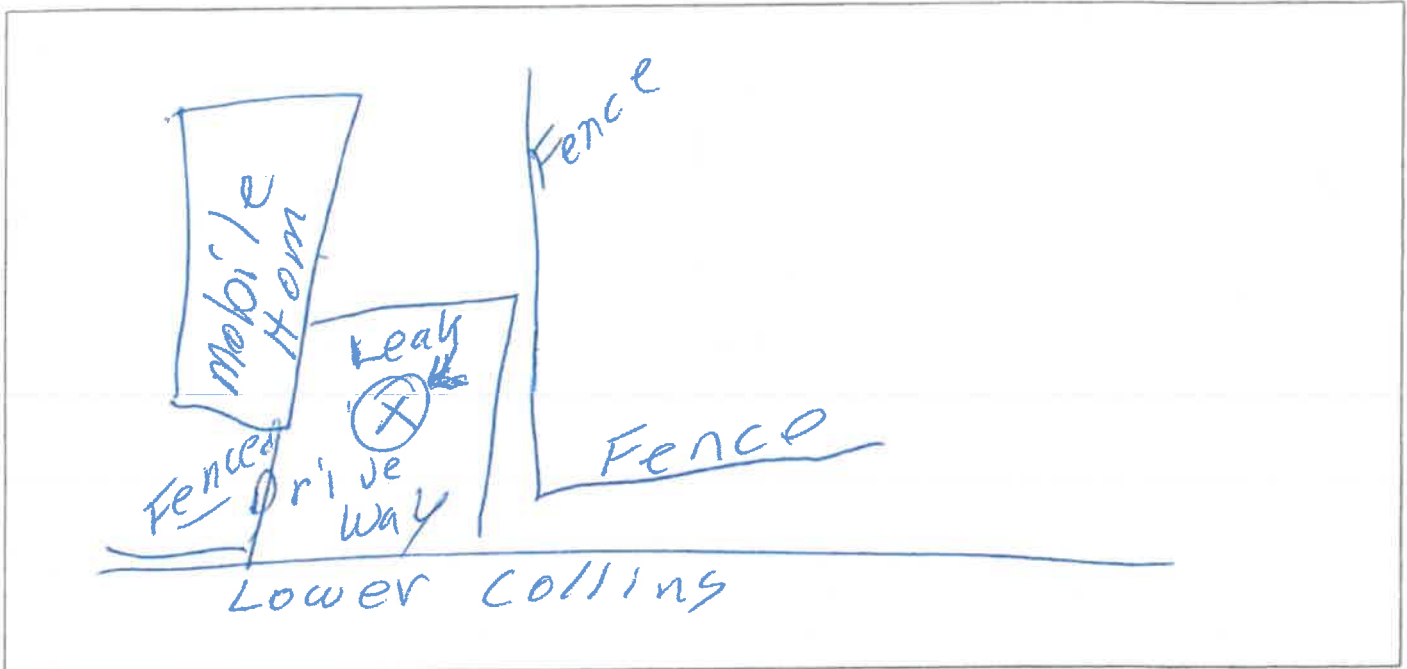
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WATER SERVICE APPLICATION

Service Connection Ties

Address: 126 Lower Collins St, Seabrook NH

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

5/11/23
Date

AMOUNT PAID: \$50

CASH/CHECK # 504

DATE RECEIVED 5/10/23

BY *[Signature]*