



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: 5/19/2023

APPLICANT NAME/CORPORATION: Thomas Markey
APPLICANT ADDRESS: 172 Atlantic Ave
CITY/STATE: Seabrook, NH
E-MAIL ADDRESS OF APPLICANT: lindseymarkey@gmail.com

LANDOWNER/BILLING NAME: Thomas Markey
BILLING ADDRESS: 172 Atlantic Ave
CITY/STATE: Seabrook, NH
E-MAIL ADDRESS OF LANDOWNER: lindseymarkey@gmail.com

SERVICE ADDRESS: 172 Atlantic Ave Seabrook, NH
ASSESSOR'S MAP-LOT-SEQ: map 21 lot 13-3
TYPE OF CONSTRUCTION: (Check All That Apply) NEW CONSTRUCTION RESIDENTIAL SINGLE FAMILY MULTI-FAMILY CONDO
MOBILE/MANUFACTURED HOME COMMERCIAL INDUSTRIAL OTHER (Please Describe) Pipe Replacement

NO. OF STORIES IN BUILDING: 2
BUILDING SIZE IN SQUARE FEET: 2038
TOTAL PARCEL AREA IN SQUARE FEET:
FIRE DEPARTMENT REQUIREMENTS: NONE
FIRE HYDRANTS REQUIRED: NONE
IS THERE A WELL ON THE PROPERTY?: NO
WILL A PUMP BE USED TO BOOST PRESSURE?: NO
WILL THERE BE LANDSCAPE IRRIGATION?: NO
FLOW OF EACH SPRINKLER HEAD IN GPM:
TOTAL IRRIGATED AREA IN SQUARE FEET:

Table with 6 columns: POTABLE OR RECYCLED, SERVICE USE, LATERAL SIZE, METER SIZE, MAX DEMAND IN GPM, ANTICIPATED DATE OF METER INSTALLATION. Row 1: potable, residential, -, 5/8", -, -

Table for Fixture Unit Count. Columns: BATHROOM, KITCHEN, LAUNDRY ROOM, MISC/OTHER. Rows: TUBS/SHOWERS, TUBS ONLY, SHOWERS ONLY, SINKS, JACUZZI TUBS, TOILETS, URINALS, BIDETS, DISHWASHERS, SINKS, CLOTHES WASHERS, SINKS, HOSEBIBS, BAR SINKS, POOL (SIZE: 10x40), DESCRIBE.

LAND OWNER'S SIGNATURE: [Signature] DATE: 5/19/2023

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: [Signature] DATE: 5/19/2023

114150



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

Service Connection Ties

Address: 172 Atlantic Ave Seabrook, NH 03874

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] 5/11/23 _____
Water Superintendent Date

Amount paid 50.00 Cash Date received 5/9/23
check # 353 \$50 5/12/23 *[Signature]*