



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

ZIP CODE
03874

E-MAIL ADDRESS OF APPLICANT
lindseymarkey@gmail.com

HOME/WORK PHONE
(603) 502-8449

WORK/OTHER PHONE

LANDOWNER/BILLING NAME
Thomas Markey

BILLING ADDRESS
172 Atlantic Ave

CITY/STATE
Seabrook, NH

ZIP CODE
03874

E-MAIL ADDRESS OF LANDOWNER
lindseymarkey@gmail.com

HOME/WORK PHONE
1603 502-8449

WORK/OTHER PHONE

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) Line Replacement

*UNDER 'ADDITIONAL COMMENTS' SECTION, LIST NO. OF BUILDINGS AND NO. OF UNITS IN EACH BUILDING, IF APPLICABLE

NO. OF STORIES IN BUILDING: 2

BUILDING SIZE IN SQUARE FEET: 2038

TOTAL PARCEL AREA IN SQUARE FEET:

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
potable	residential	-	5/8"	-	-

FIXTURE UNIT COUNT - COMPLETE THE QUANTITY OF THE FOLLOWING

BATHROOM:		KITCHEN:		LAUNDRY ROOM:		MISC/OTHER:	
TUBS/SHOWERS	2	JACUZZI TUBS	1	DISHWASHERS	1	CLOTHES WASHERS	1
TUBS ONLY	1	TOILETS	2	SINKS	1	SINKS	0
SHOWERS ONLY	1	URINALS	0				
SINKS	2	BIDETS	0			POOL (SIZE: 10x40)	1
						DESCRIBE:	

LAND OWNER'S SIGNATURE

Thomas Markey

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

Thomas Markey

DATE 5/19/2023

114150



TOWN OF SEABROOK PUBLIC WATER SYSTEM

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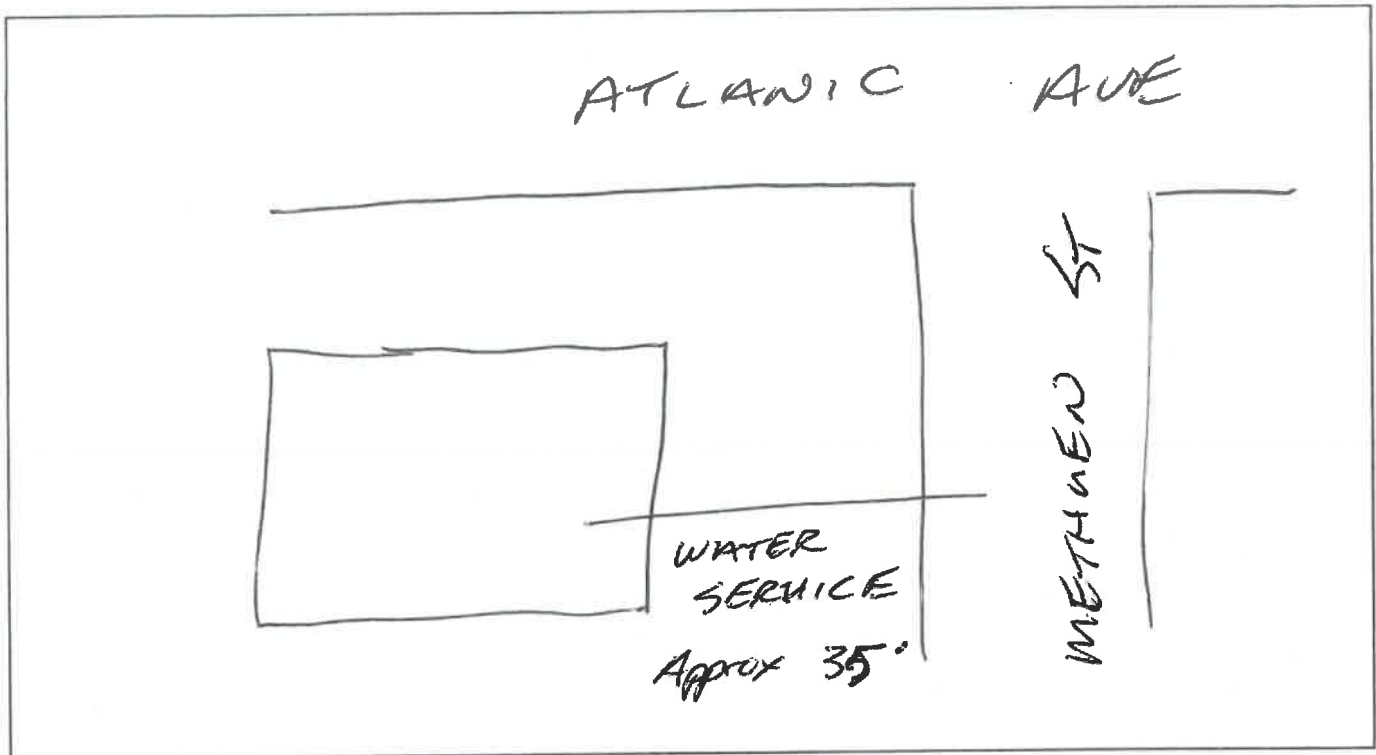
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WATER SERVICE APPLICATION

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]
Water Superintendent

5/11/23
Date

Amount paid

50.00 Cash Date received
check # 353 \$50 5/12/23 5/9/23

[Signature]