



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 11/5/23

APPLICANT NAME/CORPORATION SEACOAST MODULAR HOMES		LANDOWNER/BILLING NAME JOHN + KAREN SERROTT	
APPLICANT ADDRESS PO Box 405	HOME/WORK PHONE 603-319-4163	BILLING ADDRESS 33 WARDEN POND DR.	HOME/WORK PHONE 578-560-7205
CITY/STATE STRATHAM NH	ZIP CODE 03885	CITY/STATE NASHUA NH	ZIP CODE 03064
E-MAIL ADDRESS OF APPLICANT INFO@SEACOASTMODULARS.COM		E-MAIL ADDRESS OF LANDOWNER jserrott@comcast.net	

SERVICE ADDRESS: **248 ASHLAND ST** 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) _____

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

NO. OF STORIES IN BUILDING: **3** BUILDING SIZE IN SQUARE FEET: **1973** TOTAL PARCEL AREA IN SQUARE FEET: **5000**

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	JACUZZI TUBS	DISHWASHERS	SINKS	CLOTHES WASHERS	SINKS	HOSE/BIBS	BAR SINKS
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TUBS ONLY	TOILETS					POOL (SIZE: _____)	
<input type="checkbox"/>	<input type="checkbox"/>					DESCRIBE: _____	
SHOWERS ONLY	URINALS						
<input type="checkbox"/>	<input type="checkbox"/>						
SINKS	BIDETS						
<input type="checkbox"/>	<input type="checkbox"/>						

LAND OWNER'S SIGNATURE *John Serrott* DATE **5/23/23**
 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 _____ OFFICER'S NAME & TITLE (PRINT) _____

APPLICANT/CORPORATION'S OFFICER SIGNATURE *[Signature]* DATE **5/15/2023**

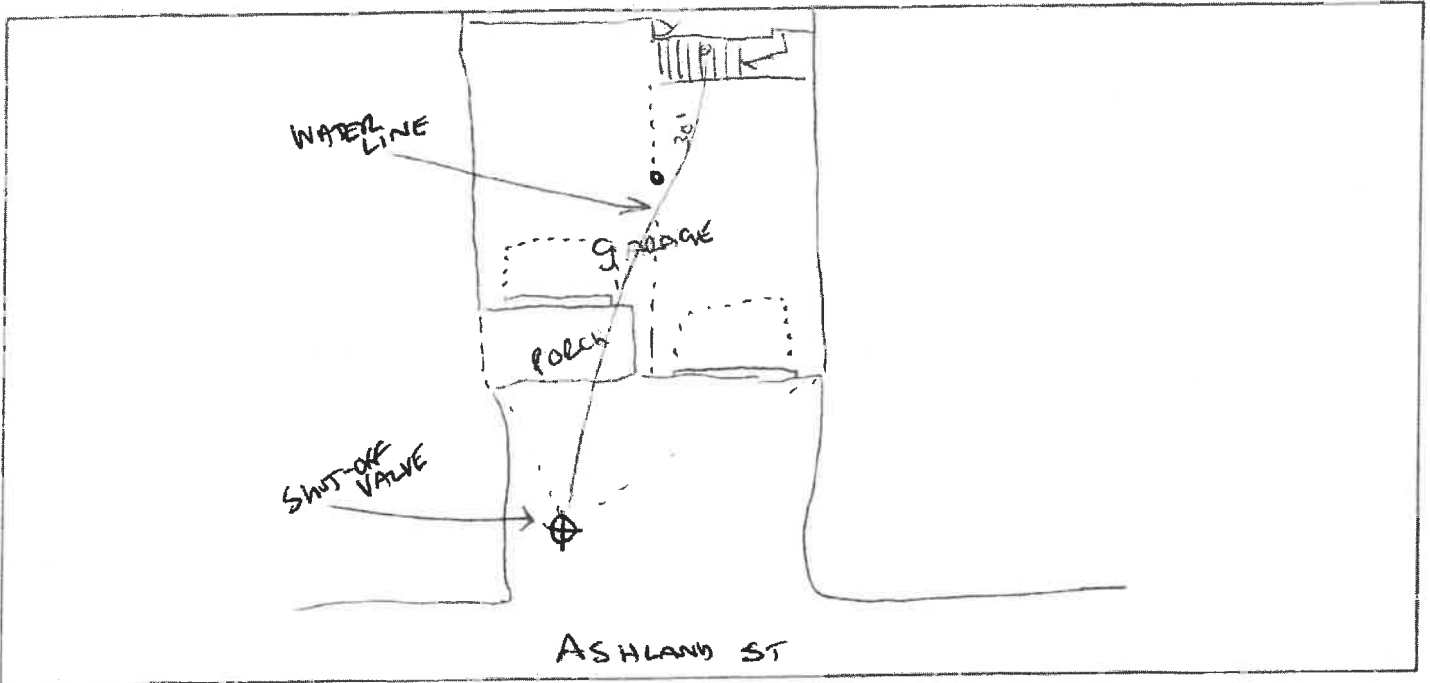


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Service Connection Ties

Address: 248 Ashland St

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 Date

AMOUNT PAID: \$100 CASH/CHECK # 2310 DATE RECEIVED 5-18-23 BY MS