



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

6/6/23

APPLICANT INFO SAME AS LANDOWNER? YES NO

DATE: 3/28/77

APPLICANT NAME/CORPORATION <u>NICOLAS V. AUGER</u>		LANDOWNER/BILLING NAME	
APPLICANT ADDRESS <u>7 ZAGARELLA CIR. 03874</u>		BILLING ADDRESS <u>SAME</u>	
CITY <u>NICK AUGER</u>	ZIP CODE <u>86@GMAIL.COM</u>	CITY	ZIP CODE
E-MAIL ADDRESS OF APPLICANT <u>86@GMAIL.COM</u>		E-MAIL ADDRESS OF LANDOWNER	

SERVICE ADDRESS: 7B Zagarella Circle ASSESSOR'S MAP-LOT-SEQ: _____

TYPE OF CONSTRUCTION: (Check All That Apply)

MOBILE/MANUFACTURED HOME COMMERCIAL NEW CONSTRUCTION INDUSTRIAL RESIDENTIAL SINGLE FAMILY MULTI-FAMILY CONDO

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: _____ BUILDING SIZE IN SQUARE FEET: _____ TOTAL PARCEL AREA IN SQUARE FEET: 1300

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	<input type="text" value="2"/>	JACUZZI TUBS	<input type="text"/>	DISHWASHERS	<input type="text" value="1"/>	CLOTHES WASHERS	<input type="text" value="1"/>
TUBS ONLY	<input type="text"/>	TOILETS	<input type="text" value="2"/>	SINKS	<input type="text"/>	SINKS	<input type="text"/>
SHOWERS ONLY	<input type="text"/>	URINALS	<input type="text"/>				
SINKS	<input type="text" value="2"/>	BIDETS	<input type="text"/>			POOL (SIZE: _____)	
						DESCRIBE:	<input type="text"/>

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

LAND OWNER'S SIGNATURE Nicolas V. Auger Sr. DATE 6/4/23

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 Nicolas V. Auger Sr. OFFICER'S NAME & TITLE (PRINT): _____

APPLICANT/CORPORATION'S OFFICER SIGNATURE Nicolas V. Auger Sr. DATE 6/4/23



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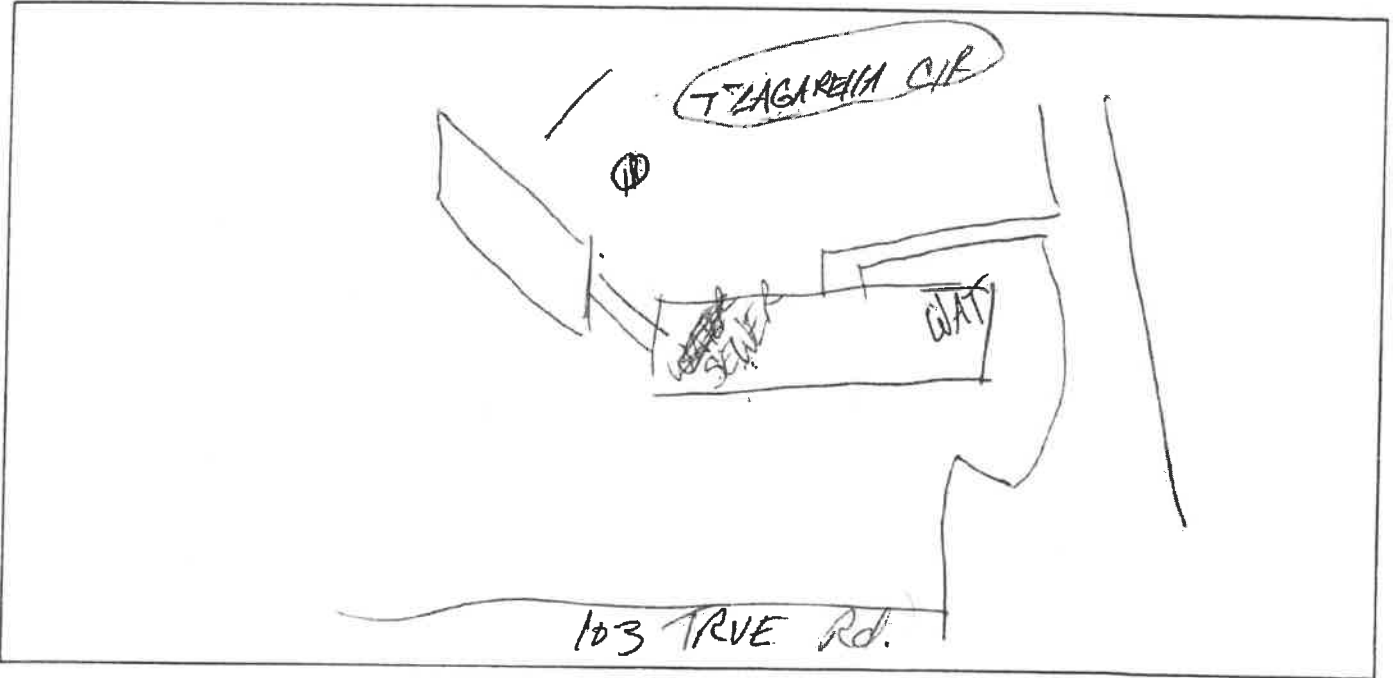
WATER SERVICE APPLICATION

Service Connection Ties

Address: _____

78 Zagarella Circle

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)

Water Superintendent

Date

AMOUNT PAID: _____

CASH/CHECK # _____

DATE RECEIVED _____

BY _____