



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: 6-20-23

APPLICANT NAME/CORPORATION <i>Cote & Foster Cont.</i>			LANDOWNER/BILLING NAME <i>Stephen Gode</i>		
APPLICANT ADDRESS <i>20 Aegan drive</i>			BILLING ADDRESS <i>312 Atlantic Ave</i>		
HOME PHONE <i>978-682-6518</i>			HOME PHONE		
CITY <i>Methuen Ma.</i>	ZIP CODE <i>01844</i>	WORK/OTHER PHONE <i>978-423-6929</i>	CITY <i>Seabrook NH.</i>	ZIP CODE <i>03874</i>	WORK/OTHER PHONE <i>978-361-5128</i>
E-MAIL ADDRESS OF APPLICANT <i>Steve@coteandfoster.com</i>			E-MAIL ADDRESS OF LANDOWNER <i>Gode@s99@gmail.com</i>		

SERVICE ADDRESS: *312 Atlantic Ave* ASSESSOR'S MAP-LOT-SEQ: *22-10-5*

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

MOBILE/MANUFACTURED HOME COMMERCIAL INDUSTRIAL OTHER (Please Describe) *Change to existing*

*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: *4186* TOTAL PARCEL AREA IN SQUARE FEET: *58645.44*

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	<i>2</i>	JACUZZI TUBS	<i>0</i>	DISHWASHERS	<i>1</i>	CLOTHES WASHERS	<i>2</i>
TUBS ONLY	<i>0</i>	TOILETS	<i>4</i>	SINKS	<i>2</i>	SINKS	<i>1</i>
SHOWERS ONLY	<i>1</i>	URINALS	<i>0</i>				
SINKS	<i>2</i>	BIDETS	<i>0</i>				
						POOL (SIZE):	
						DESCRIBE:	

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

LAND OWNER'S SIGNATURE *Stephen Gode* DATE *6-20-23*

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 *Cote & Foster Cont* OFFICER'S NAME & TITLE (PRINT) *Steven M. Cote V. P.*

APPLICANT/CORPORATION'S OFFICER SIGNATURE *[Signature]* DATE *6/20/23*

178350



TOWN OF SEABROOK PUBLIC WATER SYSTEM

550 Route 107 - PO Box 456, Seabrook, NH 03874

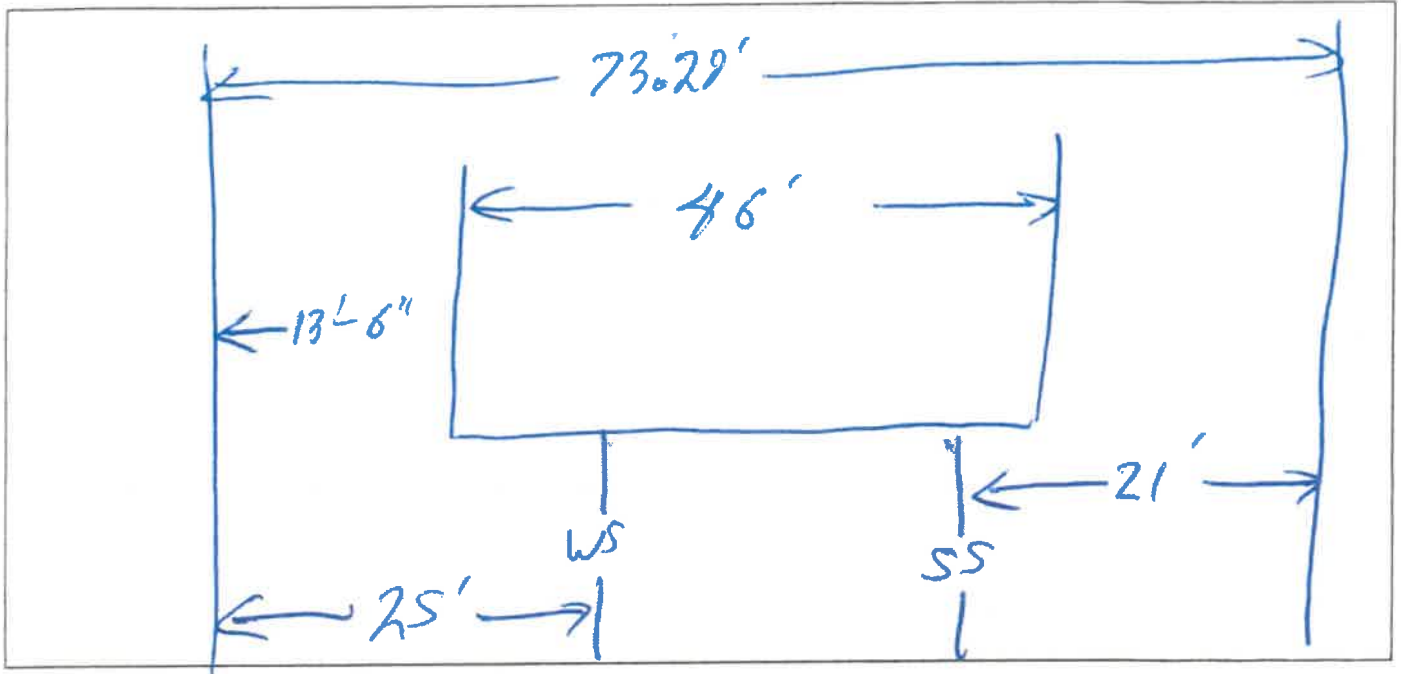
Phone: (603) 474-9921 Fax: (603) 474-3399

WATER SERVICE APPLICATION

Service Connection Ties

Address: 312 Atlantic Ave

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

6/20/23

Date

AMOUNT PAID: \$50

CASH/CHECK # 1509

DATE RECEIVED 6-20-23

B MS