



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 [checked]

DATE: 06/13/2023

APPLICANT NAME/CORPORATION: BG Corey Landscaping LLC.
APPLICANT ADDRESS: 25A Walton Rd.
CITY: Plaistow
E-MAIL ADDRESS OF APPLICANT: bgcorey1@gmail.com

LANDOWNER/BILLING NAME: James Sullivan
BILLING ADDRESS: 319 NH-286
CITY: Seabrook NH
E-MAIL ADDRESS OF LANDOWNER:

SERVICE ADDRESS: 319 NH-286 Seabrook NH 03874
ASSESSOR'S MAP-LOT-SEQ:
TYPE OF CONSTRUCTION: NEW CONSTRUCTION [checked] RESIDENTIAL [checked] SINGLE FAMILY MULTI-FAMILY CONDO
OTHER (Please Describe): change to existing

NO. OF STORIES IN BUILDING: 2
BUILDING SIZE IN SQUARE FEET: 912
TOTAL PARCEL AREA IN SQUARE FEET:
FIRE DEPARTMENT REQUIREMENTS: NONE
FIRE HYDRANTS REQUIRED: NONE
IS THERE A WELL ON THE PROPERTY? YES [checked] NO
WILL A PUMP BE USED TO BOOST PRESSURE? YES - FIRE SERVICE YES - DOMESTIC SERVICE [checked] NO
WILL THERE BE LANDSCAPE IRRIGATION? Existing YES NO
TOTAL IRRIGATED AREA IN SQUARE FEET: Existing

Table with 6 columns: POTABLE OR RECYCLED, SERVICE USE, LATERAL SIZE, METER SIZE, MAX DEMAND IN GPM, ANTICIPATED DATE OF METER INSTALLATION

FIXTURE UNIT COUNT - COMPLETE THE QUANTITY OF THE FOLLOWING
BATHROOM: TUBS/SHOWERS, TUBS ONLY, SHOWERS ONLY, SINKS
KITCHEN: DISHWASHERS, SINKS
LAUNDRY ROOM: CLOTHES WASHERS, SINKS
MISC/OTHER: HOSEBIBS, BAR SINKS, POOL (SIZE:), DESCRIBE:

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

LAND OWNER'S SIGNATURE [Signature] DATE 6/13/2023

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 BG Corey Landscaping OFFICER'S NAME & TITLE (PRINT) Jamilesa Grader + Construction manager

APPLICANT/CORPORATION'S OFFICER SIGNATURE [Signature] DATE 06/13/2023



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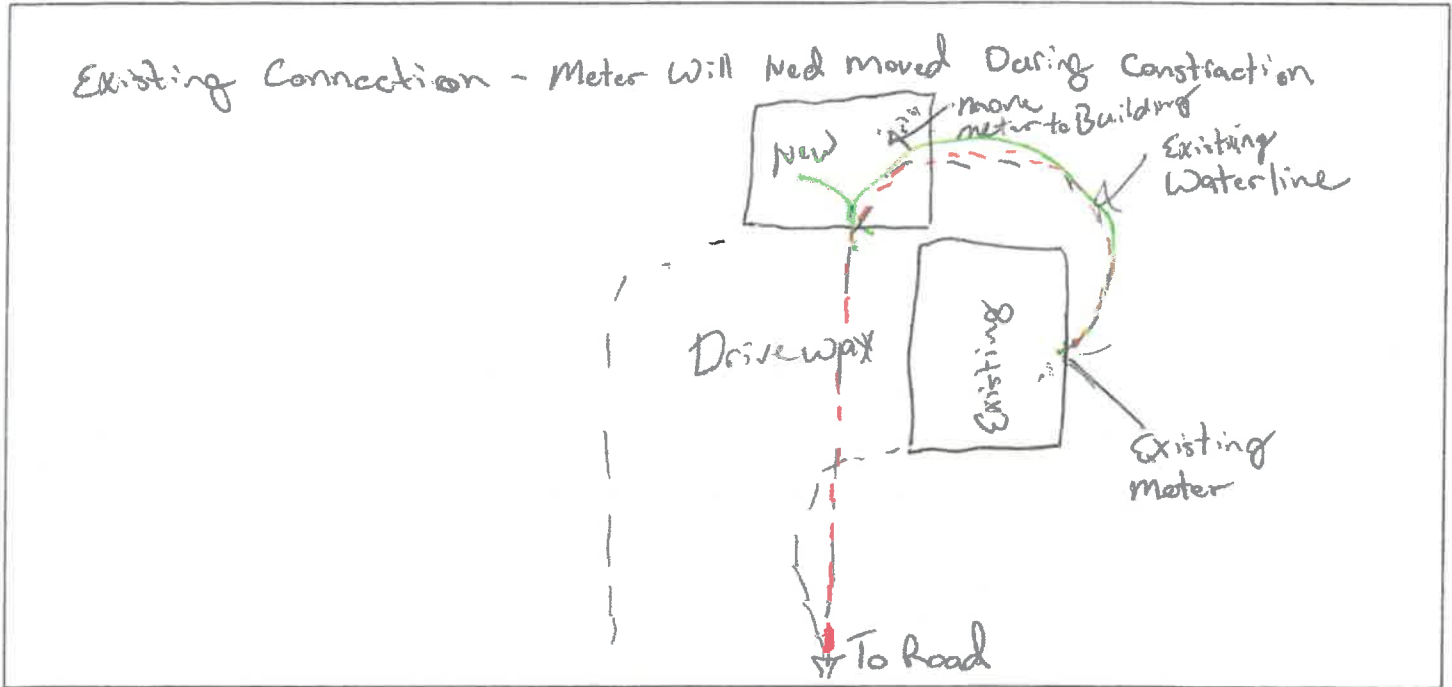
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Service Connection Ties

Address: 319 NH-286 Seabrook NH

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

6/19/23
Date

AMOUNT PAID: \$50

CASH/CHECK # 1041

DATE RECEIVED 6/13/23

BY MS

*advised will be reviewed