



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: 7/21/23

APPLICANT NAME/CORPORATION Dwayne Skofield		LANDOWNER/BILLING NAME Lorie Silva	
APPLICANT ADDRESS 30 Harriman Rd		BILLING ADDRESS 211 High St. #2	HOME/WORK PHONE (508) 269-2124
CITY/STATE Kittery NH	ZIP CODE 03865	CITY/STATE Newburyport MA	ZIP CODE 01950
E-MAIL ADDRESS OF APPLICANT Skofield@Comcast.net		E-MAIL ADDRESS OF LANDOWNER LorieAnnSilva@gmail.com	

SERVICE ADDRESS: 349 Woodstock St ASSESSOR'S MAP-LOT-SEQ: 20-349

TYPE OF CONSTRUCTION: (Check All That Apply) NEW CONSTRUCTION RESIDENTIAL SINGLE FAMILY MULTI-FAMILY CONDO
 MOBILE/MANUFACTURED HOME COMMERCIAL INDUSTRIAL (Please Describe) Replace waterline

*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: 5214 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: TOTAL IRRIGATED AREA IN SQUARE FEET:

FLOW OF EACH SPRINKLER HEAD IN GPM: 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		DISHWASHERS	1	CLOTHES WASHERS	1
TUBS ONLY	1	TOILETS	5	SINKS	1	SINKS	
SHOWERS ONLY	1	URINALS	5				
SINKS	5	BIDETS					

POOL (SIZE:) DESCRIBE:

LAND OWNER'S SIGNATURE: Lorie Ann Silva DATE: 7/21/23

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: DATE: 7/21/23

ACCOUNT # 165750



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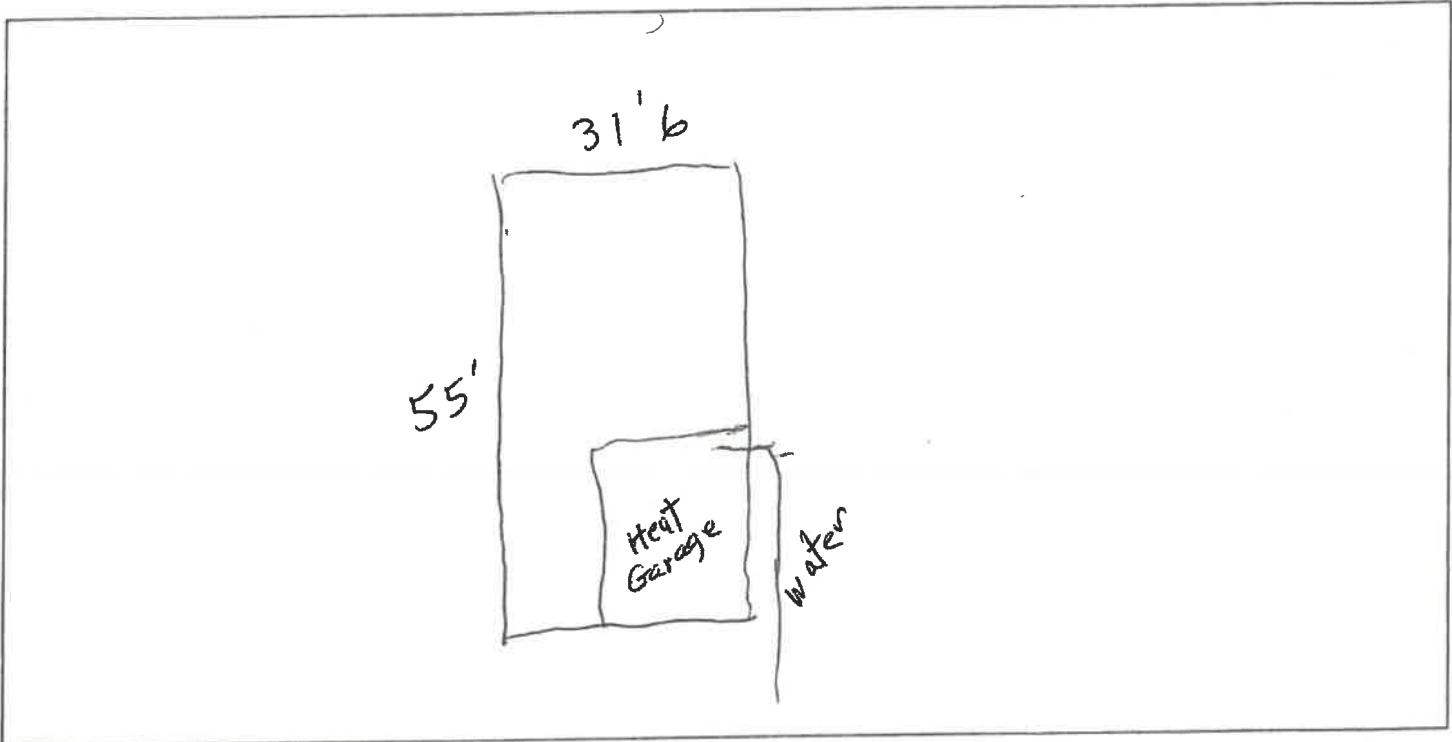
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Service Connection Ties

Address: 349 Woodstock 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]
Water Superintendent

7/21/23
Date

AMOUNT PAID: 100.00 CASH/CHECK # 4261 DATE RECEIVED 7/21/23 BY [Signature]