



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: 7/12/2023

APPLICANT NAME/CORPORATION
Keith Curran / Bohler

APPLICANT ADDRESS
3 Executive Park Drive, Suite 202

CITY
Bedford, NH

ZIP CODE
03110

WORK/OTHER PHONE
603-441-2900

E-MAIL ADDRESS OF APPLICANT
kcurran@bohlereng.com

LANDOWNER BILLING NAME
Energizin LLC

BILLING ADDRESS
PO Box 493

CITY
Rochester

ZIP CODE
03866

WORK/OTHER PHONE
603-973-9835

E-MAIL ADDRESS OF LANDOWNER BILLING NAME
d.spence@brewcrewllc.com

SERVICE ADDRESS: **272 Lafayette Road** ASSESSOR'S MAP-LOT-SEQ: **9-49-10**

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: **1** BUILDING SIZE IN SQUARE FEET: **810 +/-** TOTAL PARCEL AREA IN SQUARE FEET: **483.073**

FIRE DEPARTMENT REQUIREMENTS NONE SPRINKLE ALL SPRINKLE GARAGE ONLY

FIRE HYDRANTS REQUIRED NONE PUBLIC (NO. OF HYDRANTS **1**) PRIVATE (NO. OF HYDRANTS **1**)

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: **Drive-thru coffee shop**

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	Commercial	1 1/2"	1"	50	TBD

FIXTURE UNIT COUNT - COMPLETE THE QUANTITY OF THE FOLLOWING

BATHROOM:		KITCHEN:		LAUNDRY ROOM:	MISC/OTHER:
TUBS/SHOWERS	JACUZZI TUBS	DISHWASHERS	SINKS	CLOTHES WASHERS	HOSEBIBS
TUBS ONLY	TOILETS 1	3 compartment sink	4	SINKS	BAR SINKS
SHOWERS ONLY	URINALS	Mop sink	1		POOL (SIZE: _____)
SINKS 1	BIDETS				DESCRIBE: _____

ADDITIONAL COMMENTS (IF APPLICABLE, LIST NO. OF BUILDINGS AND NO. IN EACH BUILDING)
Proposed restaurant - Aroma Joe's - 1" meter

LAND OWNER'S SIGNATURE *John D. Conforti* CFO, OSJ of Seabrook, LLC DATE **7/31/2023**

By signing above, I agree I will 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 **Bohler** OFFICER'S NAME & TITLE (PRINT) **Keith Curran, Senior PM**

APPLICANT/CORPORATION'S OFFICER SIGNATURE *Keith Curran* DATE **8/7/2023**



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Service Connection Ties

Address: 272 Lafayette Road

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.

Please see attached utility plan

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

8/11/2022

Date

AMOUNT PAID: \$3300

CASH/CHECK # 2003

DATE RECEIVED 7-11-23

BY MS

