

## 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

		YES NO	nATE.	\$ 121	23			
APPLICANT INFO SAME AS LA		YES NO	DATE:	DULINO MANG		_		
APPLICANT NAME/CORPORA		ETIO NUCLENT						
APPLICANT ADDRESS SENSIVE HOME-WORK PHONE				ECC		HOME/WORK PHONE		
162 Fores mouth	A	WIT 617-285-451	18	42 Vort	smouth Ar	47207		
CITY/STATE	ZIP	CODE WORK/OTHER PHON		V. ale	ZIP COD	1		
SCY JYCK NH CL874 SOM DONES OF LANDOWNER								
E-MAIL ADDRESS OF APPLICANT ON 19 & 666 Olymal.								
C tringe out of the tri								
SERVICE ADDRESS:    Color   Co								
TYPE OF CONSTRUCTION: (Check All That Apply)								
MOBILE/MANUFACTURED HOME COMMERCIAL INDUSTRIAL (Please Describe)  "UNDER 'ADDITIONAL COMMENTS' SECTION, LIST NO. OF BUILDINGS AND NO. OF UNITS IN EACH BUILDING, IF APPLICABLE								
FUNDER ADDITIONAL COMMENTS SECTION, LIST NO. OF DOLLARS								
NO OF STORIES IN BUILDING BUILDING SIZE IN SQUARE FEET: 336() TOTAL PARCEL AREA IN SQUARE FEET: 320C								
NO. OF STORIES IN BUILDING.								
FIRE DEPARTMENT REQUIREMENTS NOTE OF THORSE NO OF HYDRANTS )								
IS THERE A WELL ON THE PROPERTY?  YES  O  USING RECYCLED WATER?  YES  NO  USING RECYCLED WATER?  YES								
WILL A PUMP BE USED TO BO			YES - DOMESTI	C SERVICE	<b>6</b>			
WILL THERE BE LANDSCAPE		YES NO DIF	YES, NUMBER OF	SPRINKLER HEADS	3:			
FLOW OF EACH SPRINKLER			TOTAL IRRIGA	TED AREA IN SQU	ARE FEET:			
IF NON-RESIDENTIAL, DESCI		TYPE OR USAGE OF LOT:						
			ALL REQUIRED PE	R PARCEL				
		SERVICE USE	LATERAL SIZE	METER SIZE	MAX DEMAND	ANTICIPATED DATE OF		
POTABLE OR RECYCLED	(RESIDEN	TIAL, FIRE, IRRIGATION, ETC.)	DA I EROUT SIZE		IN GPM	METER INSTALLATION		
potable		residential	*	5/8"				
		FIXTURE UNIT COUNT - COM	PLETE THE QUANTITY	F THE FOLLOWING		414 A 10 THE		
BAT	HROOM:	кло	HEN:	LAUNDRY ROOM:	1	MISC/OTHER:		
TUBS/SHOWERS 3	JACUZZI TUBS	DISHWASHERS	1 CLOTH	ES WASHERS 1	-	HOSEBIBS		
TUBS ONLY 1	TOILETS	3 SINKS	1	SINKS		BAR SINKS		
SHOWERS ONLY 2	URINALS				POOL (			
SINKS Z	BIDETS					DESCRIBE:		
	1		7					
9 11/12								
LAND OWNER'S SIGNATURE								
By signing above, I agree I will not hold the second 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								
**ALSO: THIS APPLICATION WILL EXPINE & TEXTS AT TEXT OF THE PROPERTY OF THE PR								
CORPORATION NAME OFFICER'S NAME & TITLE (PRINT)								
CORPORATION NAME		^	/-/	)				
APPLICANT/CORPORATION'S OFFICER SIGNATURE								
APPLICANT/CORPORATION'S	OFFICER SIGN	MIUNE	7/	/				
INDITION								
Page 1 of 2								



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**Service Connection Ties** 

Address:	162	Ports mouth Are
Please provid	le a sketch of the se of the house. In ad	ervice connection with the approximate length. Please indicate the name of the street dition, please show the approximate distances from any sewer lines on the property.
24 Ports ma	uh Ave	work Sewa
***The Plumb	ing Code as well as th	Connection to Building de proper plumbing of building(s), which shall be in compliance with the International ne Rules and Ordinances of the Town of Seabrook and the State of New Hampshire.  required to be inspected by the Water Department before backfilling.***
GRANTED	DENIED	-OFFICE USE ONLY- Board of Water Commissioners
REASON FO	PR DENIAL:	(Chairman)
water Superior	ndent 8	/21/2) Date

8-21-23

Cash

\$50