A.

TOWN OF SEABROOK PUBLIC WATER SYSTEM

550 Route 107 ~ PO Box 456, Seabrook, NH 03874 Phone: (603) 474-9921 Fex: (603) 474-3399

WATER SERVICE APPLICATION

APPLICANT INFO SAME AS L	ANDOWNER? YES NO	DATE:	8 23, 8	3033		
Start Rd. Rd. Rd. Applicant address 3 a Start Rd. CityState 5 cabyook N.L. EMALADDRESS OF APPLIC C 1 clean & m.s.	HOMEWORK PHO ZIP CODE WORK/OTHER PHO ANT	NE BILLING ADD 124 32 ONE CRYSTATE Sea Dra	Stard		HOMEWORK PHONE (503 474 SY2Y ODE WORK/OTHER PHONE	
SERVICE ADDRESS:	3 a Stard Rd		ASSESSO	ors map lot-seq	Man 4/Lot 19-22	
TYPE OF CONSTRUCTION: (Check All Thir Apply) NEW CONSTRUCTION RESIDENTIAL SINGLE FAMILY MULTI-FAMILY CONDO MOBILE/MANUFACTURED HOME COMMERCIAL INDUSTRIAL (Please Describe) Water (Selver Connection for "UNIDER ADDITIONAL COMMENTS SECTION, LIST NO. OF BUILDINGS AND NO. OF UNITS IN EACH BUILDING, IF APPLICABLE UDO'N FORCE.						
	State of the second				housing	
NO. OF STORIES IN BUILDING: DA BUILDING SIZE IN SQUARE FEET: TOTAL PARCEL AREA IN SQUARE FEET: FIRE DEPARTMENT REQUIREMENTS FIRE HYDRANTS REQUIRED NONE PUBLIC (NO. OF HYDRANTS PRIVATE (NO. OF HYDRANTS USING RECYCLED WATER? YES NO WILL A PUMP BE USED TO BOOST PRESSURE? WILL THERE BE LANDSCAPE IRRIGATION? FLOW OF EACH SPRINKLER HEAD IN GPM: TOTAL IRRIGATED AREA IN SQUARE FEET: IF NON-RESIDENTIAL, DESCRIBE BUSINESS TYPE OR USAGE OF LOT:						
I HOMENESSENTING, DESCR						
POTABLE OR RECYCLED	SERVICES - LIST SERVICE USE (RESIDENTIAL, FIRE, IRRIGATION, ETC.)	FALL REQUIRED PET	R PARCEL METER SIZE	MAX DEMAND IN GPM	ANTICIPATED DATE OF METER INSTALLATION	
potable	residential	H	5/8"	•		
	y state of the sta					
FEXTURE UNIT COUNT - COMPLETE THE QUANTITY OF THE FOLLOWING BATHROOM: KITCHEN: LAUNDRY ROOM: MISCROTHER: HOSEBIES TUBS ONLY TOILETS SINKS BIDETS DESCRIBE:						
Installing water/sewer connections for 8 workforce housing sites to existing 24 stem on property LAND OWNER'S BIGNATURE DATE 8/0.5/22 By signing above, I agree I will not hold the Soldered Water Department respectible for any character to my property, which may be incorred thering, or as a result of the water histolicities.						
"ALSO: THIS APPLICATION WILL EXPIRE 2 YEARS AFTER APPROVAL BY THE BOARD OF SELECTMEN and THE FEE WILL BE NONREFUNDABLE						
APPLICANTICORPORATION'S OFFICER SIGNATURE TILE IN DATE \$ /23/23						
APPLICANT/CORPORATION'S OFFICER SIGNATURE 213 3						



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WATER SERVICE APPLICATION

Service Connection Ties

Address: 32 Stard Rd.
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.
Plana attached
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.***
GRANTED DATE Board of Water Commissioners REASON FOR DENIAL: (Chairman)
Water Superintendent Date
8800 8832 8832 8-29-23 mS