



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: 8/24/2023

APPLICANT NAME/CORPORATION Drew G. Brown		LANDOWNER/BILLING NAME Drew G. Brown	
APPLICANT ADDRESS 42 Washington St.	HOME/WORK PHONE 603-944-0510	BILLING ADDRESS 42 Washington St.	HOME/WORK PHONE 603-944-0510
CITY/STATE Seabrook NH	ZIP CODE 03874	CITY/STATE Seabrook NH	ZIP CODE 03874
E-MAIL ADDRESS OF APPLICANT dbrown1433@comcast.net		E-MAIL ADDRESS OF LANDOWNER dbrown1433@comcast.net	

SERVICE ADDRESS: 45 Bruce Rd. ASSESSOR'S MAP-LOT-SEQ: 15 102 45

TYPE OF CONSTRUCTION: (Check All That Apply) NEW CONSTRUCTION RESIDENTIAL SINGLE FAMILY MULTI-FAMILY CONDO

MOBILE/MANUFACTURED HOME COMMERCIAL INDUSTRIAL (Please Describe) Replacing home (existing)

*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: 1484 TOTAL PARCEL AREA IN SQUARE FEET: 10000

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: _____

FLOW OF EACH SPRINKLER HEAD IN GPM: _____ TOTAL IRRIGATED AREA IN SQUARE FEET: _____

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	JACUZZI TUBS	DISHWASHERS	SINKS	CLOTHES WASHERS	SINKS	HOSE/BIBS	
TUBS ONLY	TOILETS					BAR SINKS	0
SHOWERS ONLY	URINALS					POOL (SIZE: _____)	
SINKS	BIDETS					DESCRIBE:	

LAND OWNER'S SIGNATURE Bruce A. Brown DATE 8/24/23

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 Bruce A. Brown DATE 8/24/23

ACCOUNT# 200490



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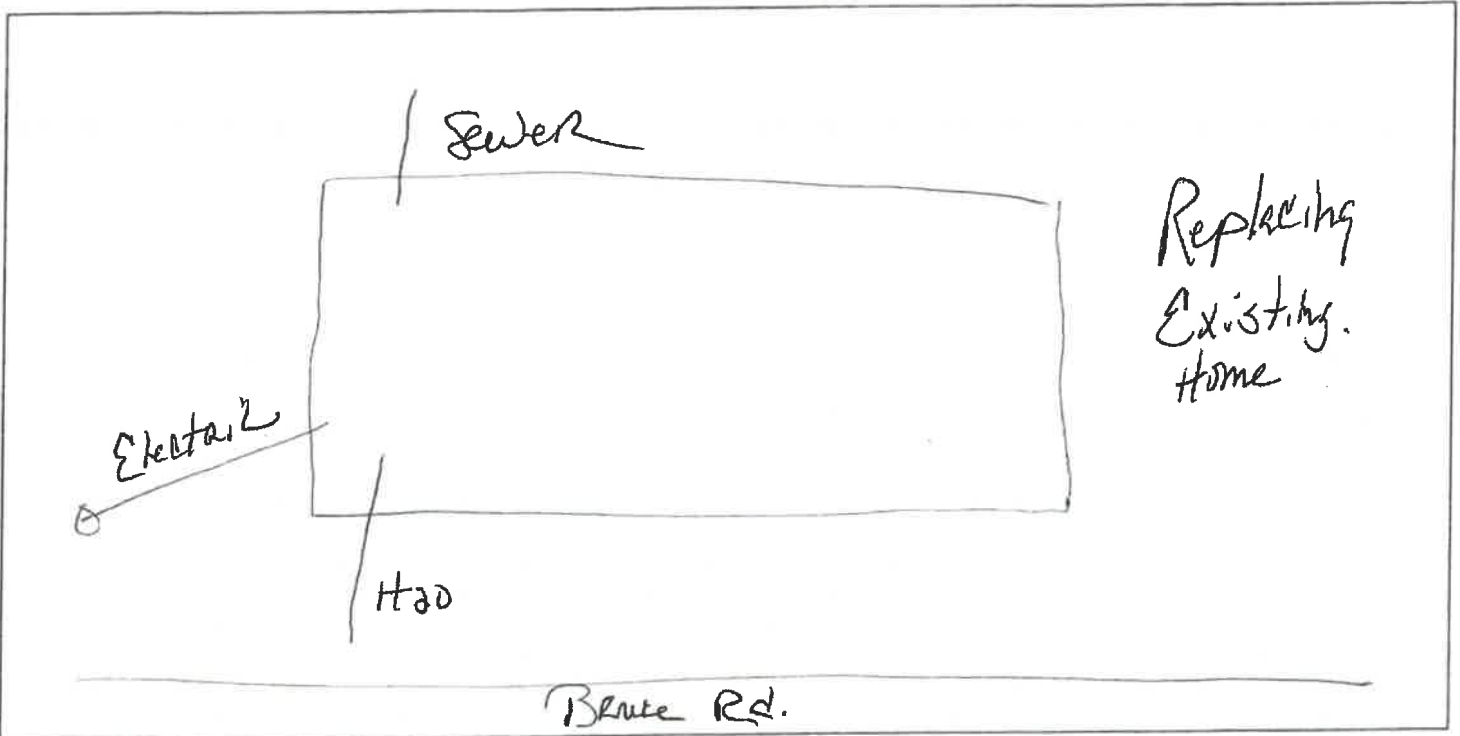
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Service Connection Ties

Address: 45 Bruce 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.



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

8/25/23
Date

AMOUNT PAID 50.00 CASH/CHECK 50.00 DATE RECEIVED 8/24/23 BY [Signature]