



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: SEPT 13/2023

APPLICANT NAME/CORPORATION Glenn T. Saba, Yes
GSOC Development Corp
 APPLICANT ADDRESS 7 Kelly Ln
 CITY/STATE Atkinson NH ZIP CODE 03811 HOME/WORK PHONE (978) 815-7073
 E-MAIL ADDRESS OF APPLICANT glenn@gsocdev.com

LANDOWNER/BILLING NAME Ann & Paul Kenney
 BILLING ADDRESS 532 Manchester Sr
 CITY/STATE Seabrook, NH ZIP CODE 03874 HOME/WORK PHONE (603) 379-2858
 E-MAIL ADDRESS OF LANDOWNER anna.kenney@gmail.com

SERVICE ADDRESS: 532 Manchester Sr ASSESSOR'S MAP-LOT-SEQ: 21/532
 TYPE OF CONSTRUCTION: (Check All That Apply) NEW CONSTRUCTION RESIDENTIAL SINGLE FAMILY MULTI-FAMILY CONDO
 MOBILE/MANUFACTURED HOME COMMERCIAL INDUSTRIAL (Please Describe) _____
 *UNDER 'ADDITIONAL COMMENTS' SECTION, LIST NO. OF BUILDINGS AND NO. OF UNITS IN EACH BUILDING, IF APPLICABLE

NO. OF STORIES IN BUILDING: 2 BUILDING SIZE IN SQUARE FEET: 2,600 TOTAL PARCEL AREA IN SQUARE FEET: 5,000
 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	<u>2</u>	JACUZZI TUBS	<u>0</u>	DISHWASHERS	<u>1</u>	CLOTHES WASHERS	<u>1</u>
TUBS ONLY	<u>0</u>	TOILETS	<u>4</u>	SINKS	<u>1</u>	SINKS	<u>0</u>
SHOWERS ONLY	<u>1</u>	URINALS	<u>0</u>				
SINKS	<u>5</u>	BIDETS	<u>0</u>				
						POOL (SIZE: _____)	
						DESCRIBE:	

Replacing line

LAND OWNER'S SIGNATURE Ann Kenney DATE 9/14/2023

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 GSAC Development Corp OFFICER'S NAME & TITLE (PRINT) Glenn T. Saba, President

APPLICANT/CORPORATION'S OFFICER SIGNATURE [Signature] DATE 09/13/2023

ACCOUNT # 097450



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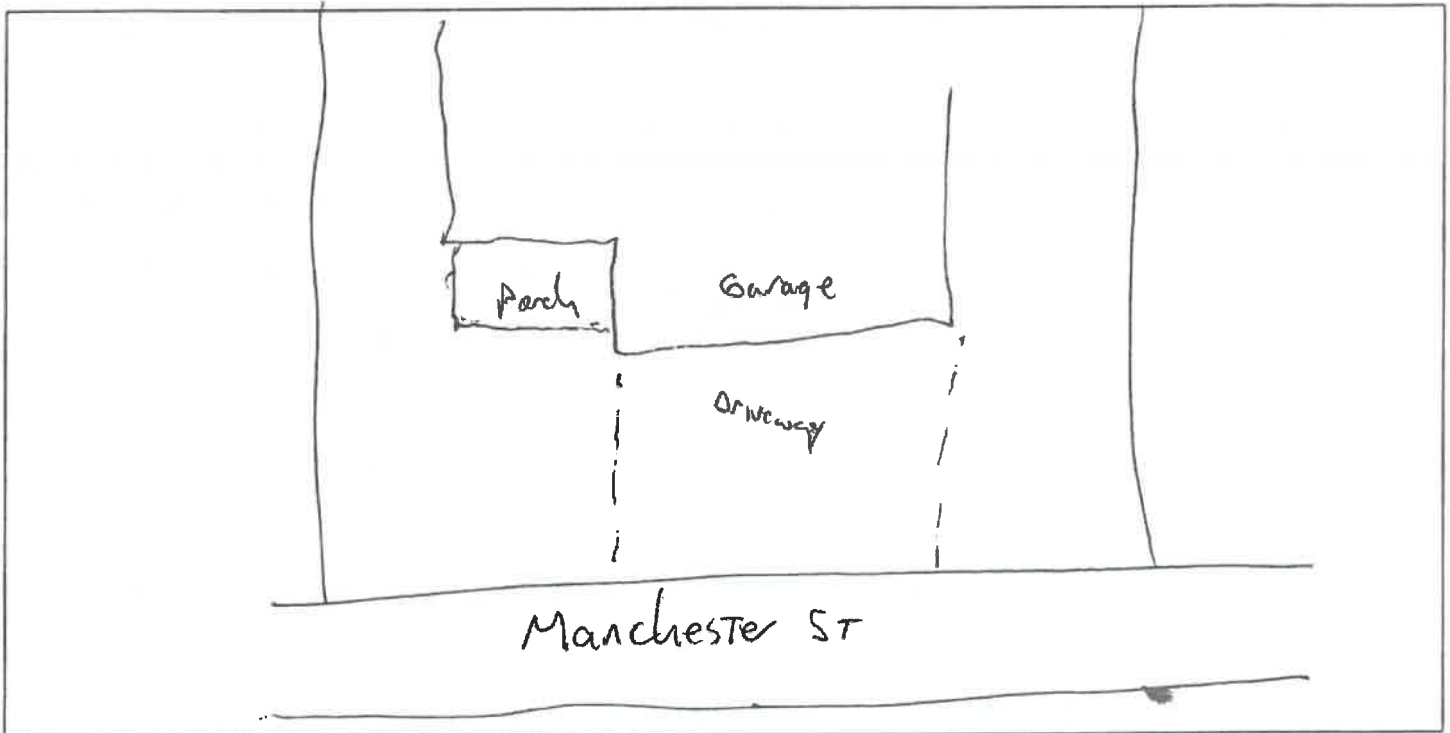
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Service Connection Ties

Address: 532 Manchester 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

9/14/23
Date

AMOUNT PAID: \$100 CASH/CHECK: 221 DATE RECEIVED: 9-14-23 BY: MS