



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: 10/6/23

APPLICANT NAME/CORPORATION <u>Frank Chase</u>			LANDOWNER/BILLING NAME <u>Frank Chase</u>		
APPLICANT ADDRESS <u>156 South Main St</u>		HOME PHONE <u>603 231 2653</u>	BILLING ADDRESS <u>156 A South Main St</u>		HOME PHONE <u>603 231 2653</u>
CITY <u>Seabrook</u>	ZIP CODE <u>03874</u>	WORK/OTHER PHONE	CITY <u>Seabrook</u>	ZIP CODE <u>03874</u>	WORK/OTHER PHONE
E-MAIL ADDRESS OF APPLICANT <u>fchase0204@gmail.com</u>			E-MAIL ADDRESS OF LANDOWNER <u>fchase0204@gmail.com</u>		

SERVICE ADDRESS: \_\_\_\_\_ ASSESSOR'S MAP-LOT-SEQ: \_\_\_\_\_

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

MOBILE/MANUFACTURED HOME  COMMERCIAL  INDUSTRIAL  OTHER (Please Describe) New line

*'UNDER 'ADDITIONAL COMMENTS' SECTION, LIST NO. OF BUILDINGS AND NO. OF UNITS IN EACH BUILDING, IF APPLICABLE*

NO. OF STORIES IN BUILDING: 1.5 BUILDING SIZE IN SQUARE FEET: 960 TOTAL PARCEL AREA IN SQUARE FEET: \_\_\_\_\_

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
			5/8"		

FIXTURE UNIT COUNT - COMPLETE THE QUANTITY OF THE FOLLOWING

BATHROOM:		KITCHEN:		LAUNDRY ROOM:		MISC/OTHER:	
TUBS SHOWERS	<u>1</u>	JACUZZI TUBS		DISHWASHERS	<u>1</u>	CLOTHES WASHERS	<u>1</u>
TUBS ONLY		TOILETS	<u>1</u>	SINKS	<u>1</u>	SINKS	
SHOWERS ONLY		URINALS					
SINKS	<u>2</u>	BIDETS					
						HOSE BIBS	<u>2</u>
						BAR SINKS	
						POOL (SIZE: _____)	
						DESCRIBE:	

ADDITIONAL COMMENTS (IF APPLICABLE, LIST NO. OF BUILDINGS AND NO. IN EACH BUILDING)

LAND OWNER'S SIGNATURE [Signature] DATE 10/6/23

By signing above, I agree I will not hold the Seabrook Water Department responsible for any damage 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 [Signature] OFFICER'S NAME & TITLE (PRINT) Frank Chase

APPLICANT/CORPORATION'S OFFICER SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

acct#

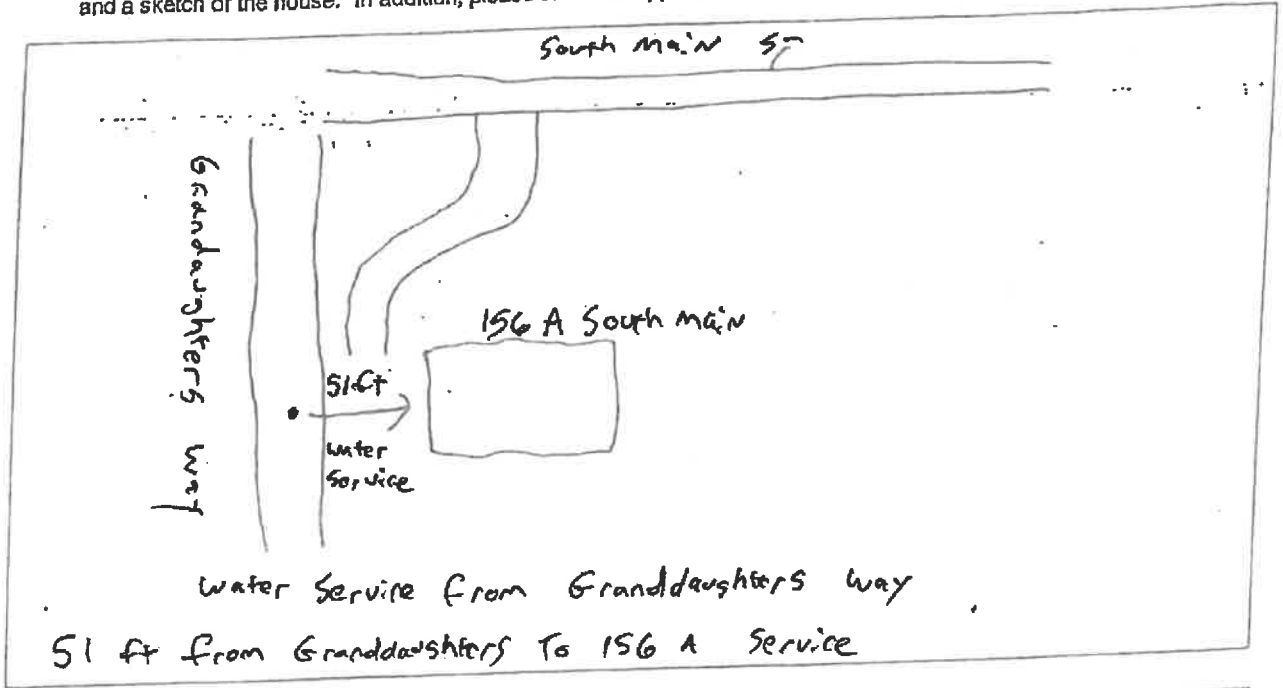


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Service Connection Ties

Address: 156 A South Main 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]* 10/10/23  
 Water Superintendent Date

AMOUNT PAID: \$1300 CASH/CHECK # 863 DATE RECEIVED 10-6-23 BY MS