



TOWN OF SEABROOK PUBLIC WATER SYSTEM

550 Route 107 - PO Box 458, Seabrook, NH 03874

Phone: (603) 474-8821 Fax: (603) 474-3399

WATER SERVICE APPLICATION

APPLICANT INFO SAME AS LANDOWNER? YES NO

DATE 9 26 2023

APPLICANT NAME (CORPORATION) Geneth's General Cont. Inc.
 APPLICANT ADDRESS 227 Pond St.
 CITY/STATE N. Billerica ma ZIP CODE 01862
 E-MAIL ADDRESS OF APPLICANT mike.gene@geneth.com

LANDOWNER/BILLING NAME Jacoba Danielle Aleksa
 BILLING ADDRESS 192 Atlantic Ave
 CITY/STATE Seabrook ZIP CODE _____
 E-MAIL ADDRESS OF LANDOWNER _____

HOMEWORK PHONE 603-281-9000
 WORK/OTHER PHONE 603-475-7650

SERVICE ADDRESS: 192 Atlantic Ave Seabrook ASSESSOR'S MAP-LOT-SEQ: 21 13-2
 TYPE OF CONSTRUCTION (Check All That Apply) NEW CONSTRUCTION RESIDENTIAL SINGLE FAMILY MULTI-FAMILY CONDO
 MOBILE/MANUFACTURED HOME COMMERCIAL INDUSTRIAL OTHER (Please Describe) Change to existing
 *UNDER 'ADDITIONAL COMMENTS' SECTION, LIST NO. OF BUILDINGS AND NO. OF UNITS IN EACH BUILDING, IF APPLICABLE

NO. OF STORIES IN BUILDING: 3 BUILDING SIZE IN SQUARE FEET: 3576 TOTAL PARCEL AREA IN SQUARE FEET: 5000
 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
<u>potable</u>	<u>residential</u>		<u>5/8"</u>		

FIXTURE UNIT COUNT - COMPLETE THE QUANTITY OF THE FOLLOWING

BATHROOM:		KITCHEN:		LAUNDRY ROOM:		MISC/OTHER:	
TUBS/SHOWERS	JACUZZI TUBS <u>1</u>	DISHWASHERS	SINKS <u>1</u>	CLOTHES WASHERS <u>1</u>	SINKS <u>1</u>	HOSE/BIBS	
TUBS ONLY	TOILETS					BAR SINKS	
SHOWERS ONLY <u>3</u>	URINALS <u>3</u>					POOL (SIZE: _____)	
SINKS <u>7</u>	BIDETS					DESCRIBE:	

LAND OWNER'S SIGNATURE _____ DATE _____
 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 _____ YEARS AFTER APPROVAL BY THE BOARD OF SELECTMEN and THE FEE WILL BE NONREFUNDABLE

CORPORATION NAME Geneth's General Cont. Inc. OFFICER'S NAME & TITLE (PRINT) Michael Geneth

APPLICANT/CORPORATION'S OFFICER SIGNATURE _____ DATE 9/26/23

Acc. # 103650

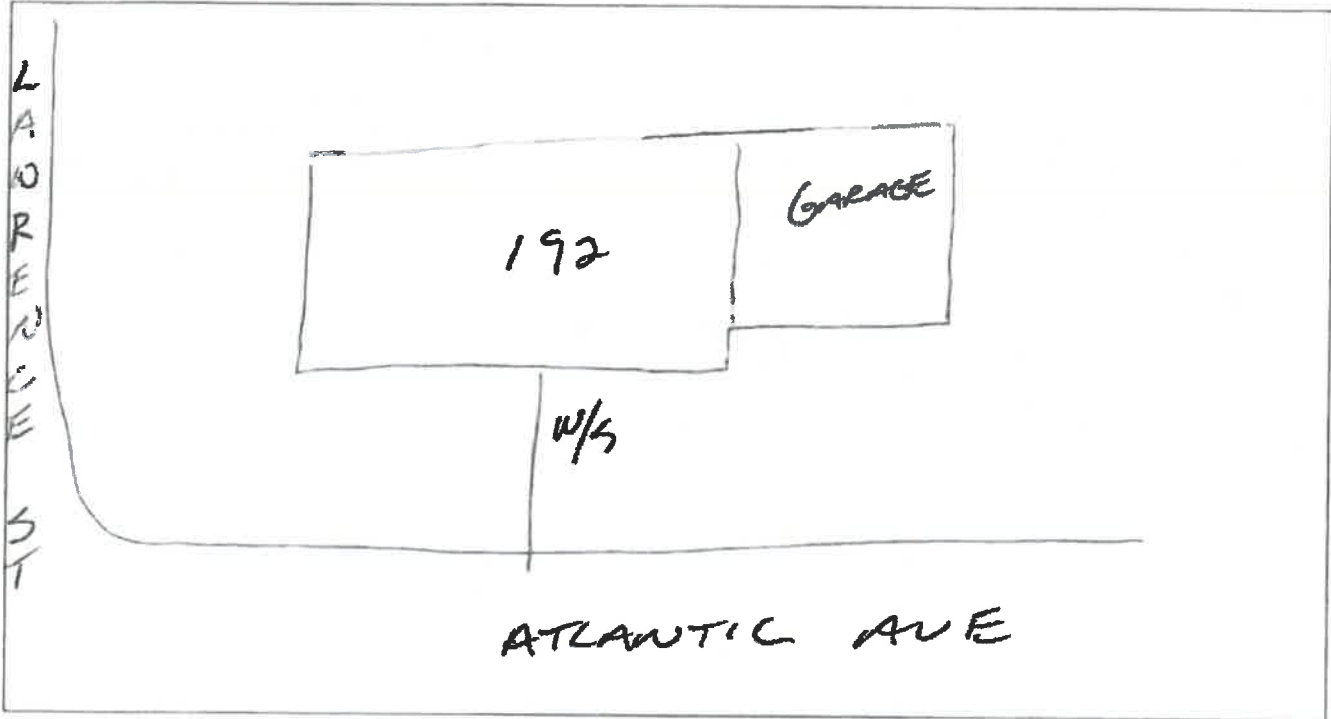


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Service Connection Ties

Address: 192 ATLANTIC AVE

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] 9/28/23 Date
Water Superintendent

AMOUNT PAID: 50.00 CASH/CHECK # 2113 DATE RECEIVED 9/27/23 BY [Signature]