



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: 10/20/23

Form with fields for APPLICANT NAME (MC Homes LLC), ADDRESS (PO Box 4410, Windham, NH), PHONE, and LANDOWNER/BILLING NAME (SAME).

Form with fields for SERVICE ADDRESS (3A Almena Way), TYPE OF CONSTRUCTION (NEW CONSTRUCTION), and ASSESSOR'S MAP-LOT-SEQ.

Form with fields for NO. OF STORIES (2), BUILDING SIZE (4056), TOTAL PARCEL AREA (15,000), and various fire department requirements.

Table with 6 columns: POTABLE OR RECYCLED, SERVICE USE, LATERAL SIZE, METER SIZE, MAX DEMAND IN GPM, ANTICIPATED DATE OF METER INSTALLATION.

FIXTURE UNIT COUNT - COMPLETE THE QUANTITY OF THE FOLLOWING

Form with grids for BATHROOM, KITCHEN, LAUNDRY ROOM, and MISC/OTHER fixtures.

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

LAND OWNER'S SIGNATURE

DATE 10/24/23

By signing above, I agree I will not hold the Seabrook Water Department responsible for any damages to my property...

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

DATE 10/24/23

Acct. # 181860



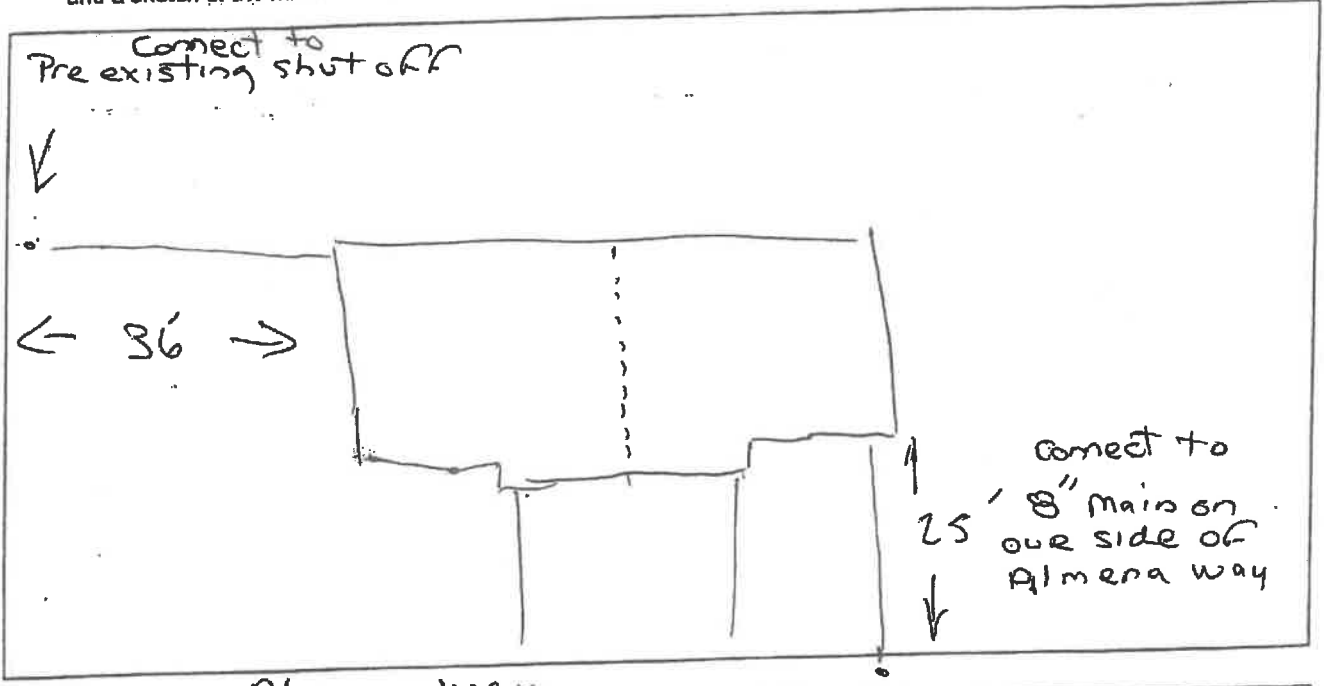
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**Service Connection Ties**

Address: 3A, Almena Way

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.

WASHINGTON ST



**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)

\_\_\_\_\_ Date

*[Signature]* 1/22/23  
 Water Superintendent

AMOUNT PAID: 100.<sup>00</sup> CASH/CHECK # 1247 DATE RECEIVED 12/26/23 BY [Signature]