

## 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 U	ANDOWNER? YES	NO.	DATE:	2123	3		
APPLICANT NAME/CORPORA	TION 11C		LANDOWNER	BILLING NAME			
APPLICANT ADDRESS	57 500	HOME PHONE	BILLING ADDR	ESS		HOME PHONE	
10 ROX 44	(C)	MADAIUTHED BROW	IE CITY	S101	NIP COD	E WORK/OTHER PHONE	
Windham	ZIP CODE	WORK OTHER PHON	7.7	014	Jar Cos	MORNOTHER PHONE	
E-MAIL ADDRESS OF APPLICANT							
CHRISE	MYMCHOME	7, COM					
SERVICE ADDRESS: 3/	4 Alm	eng Wa	Au	ASSESSOR'S MAP-LOT-SEC:			
TYPE OF CONSTRUCTION: (Check All That Apply) NEW CONSTRUCTION RESIDENTIAL SINGLE FAMILY MULTI-FAMILY CONDO							
MOBILE/MANUFACTURED HOME COMMERCIAL INDUSTRIAL OTHER (Please Describe)							
*UNDER 'A	DDITIONAL COMMENTS' SEC	TION, LIST NO. OF BU	JILDINGS AND NO. C	F UNITS IN EACH E	UILDING IF APPLICA	BLE	
NO. OF STORIES IN BUILDING	BUILDI	NG SIZE IN SQUARE F	EET: 4056	TOTAL PARCE	AREA IN SQUARE F	EET: 15,000	
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:  TOTAL IRRIGATED AREA IN SQUARE FEET:							
FLOW OF EACH SPRINKLER I		4	TOTALIRRIGA	IEÚ WKEY IN POÚN	REFEET:		
IF NON-RESIDENTIAL, DESCI	AIBE BUSINESS TYPE ON US	AGE OF LOT:					
	haniin i		ALL REQUIRED PER	PARCEL	MAX DEMAND	ANTIGIO (DES DÁTES SE	
POTABLE OR RECYCLED	SERVICE UI (RESIDENTIAL, FIRE, ÎRR	2 111 4 4	LATERAL SIZE	METER SIZE	IN GPM	ANTICIPATED DATE OF METER INSTALLATION	
					1		
	FIX	TURE UNIT COUNT - COM	PLETE THE QUANTITY O	F THE FOLLOWING			
BATHROOM: KITCHEN: LAUNDRY ROOM: MISCIOTHER:						MISCIOTHER:	
* 10000,10712.10				ES WASHERS &		HOSEBIBS 7	
TUBS CALLY D TOILETS 6 SINKS 2 SINKS D BAR SINKS D						BAR SINKS	
SHOWERS ONLY	URINALS 0	_			POOL	(SIZE	
SINKS 6	BIDETS	L		· L	J	DESCRIBE:	
ADDITIONAL COMMENTS (IF	APPLICABLE, LIST NO. OF BU	IILDINGS AND NO. ÎN	EACH BUILDING)_				
		<del></del>					
	1	/					
		1				DATE 10 24 13	
LAND OWNER'S SIGNATURE  By signing above, I agree I will not	hold the Seaprook Water Depart	ment responsible for any	demages to my prope	rly, which may be incu	rred during, or 25 a resu	it of the water installation.	
"ALSO: THIS AP	PLICATION WILL EXPIRE 2 Y	EARS AFTER APPRO	VAL BY THE BOAR	OF SELECTMEN	und THE FEE WILL BI	E NONREFUNDABLE	
$\mathcal{M}$	MON (IC						
CORPORATION NAME							
	Homes	166	FEICER'S NAME &	TITLE (PRINT)	DING HIPS	X9ncxrau	
	Homes	46	FEICER'S NAME &	TITLE (PRINT)	DUZ HIM	X9narau	

Acct.# 181860



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**Service Connection Ties** Way

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.				
Pre existing shut off				
<- 36 →				
conect to				
25 our side of pimera way				
Almena way				
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 DATE Board of Water Commissioners				
REASON FOR DENIAL: (Chairman)				
Water Superintendent Date				
AMOUNT PAID: 100. CABHICHECK # 1247 DATE RECEIVED 10 36 23 BY Q45				