



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

APPLICANT NAME/CORPORATION <u>MC Homes LLC</u>			LANDOWNER/BILLING NAME		
APPLICANT ADDRESS <u>PO Box 440</u>		HOME PHONE	BILLING ADDRESS		HOME PHONE
CITY <u>Windham</u>	ZIP CODE <u>NH</u>	WORK/OTHER PHONE <u>7815045757</u>	CITY <u>SEABROOK</u>	ZIP CODE	WORK/OTHER PHONE
E-MAIL ADDRESS OF APPLICANT <u>CHRIS@mymchomes.com</u>			E-MAIL ADDRESS OF LANDOWNER		

SERVICE ADDRESS: 3B Almeng Way 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: 2 BUILDING SIZE IN SQUARE FEET: 4056 TOTAL PARCEL AREA IN SQUARE FEET: 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: _____

FLOW OF EACH SPRINKLER HEAD IN GPM: NA 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

FIXTURE UNIT COUNT - COMPLETE THE QUANTITY OF THE FOLLOWING

BATHROOM:		KITCHEN:		LAUNDRY ROOM:		MISC/OTHER:			
TUBS/SHOWERS	<input type="text" value="2"/>	JACUZZI TUBS	<input type="text" value="0"/>	DISHWASHERS	<input type="text" value="2"/>	CLOTHES WASHERS	<input type="text" value="2"/>	HOSEBIBS	<input type="text" value="4"/>
TUBS ONLY	<input type="text" value="0"/>	TOILETS	<input type="text" value="6"/>	SINKS	<input type="text" value="2"/>	SINKS	<input type="text" value="0"/>	BAR SINKS	<input type="text" value="0"/>
SHOWERS ONLY	<input type="text" value="2"/>	URINALS	<input type="text" value="0"/>					POOL (SIZE: _____)	<input type="text" value="0"/>
SINKS	<input type="text" value="6"/>	BIDETS	<input type="text" value="0"/>					DESCRIBE:	

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

LAND OWNER'S SIGNATURE [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, 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 MC Homes LLC OFFICER'S NAME & TITLE (PRINT) Chris Alexandra

APPLICANT/CORPORATION'S OFFICER SIGNATURE [Signature] DATE 10/24/23

acct. #
181870



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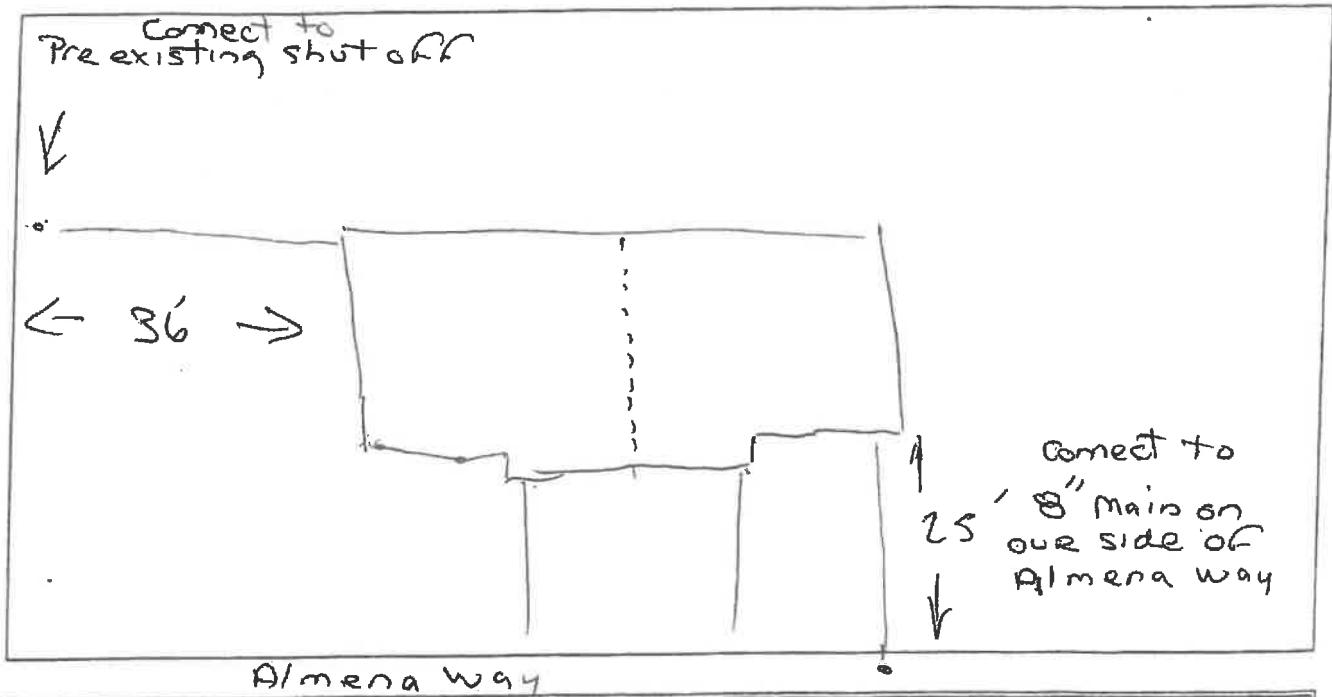
WATER SERVICE APPLICATION

Service Connection Ties

Address: 3B 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)

Water Superintendent Date

AMOUNT PAID: 1300.⁰⁰ CASH/CHECK # 1247 DATE RECEIVED 10/20/23 BY RF