



# 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: 10/17/23

APPLICANT NAME/CORPORATION: Stewart Pappas

APPLICANT ADDRESS: 1182 Rena Court Rd HOME/WORK PHONE: -

CITY/STATE: Concord NH ZIP CODE: 03229 WORK/OTHER PHONE: 1003-6661-1969

E-MAIL ADDRESS OF APPLICANT: hallmarkbi@comcast.net

LANDOWNER/BILLING NAME: Chad Moffat

BILLING ADDRESS: 4 Fowler Brook Rd HOME/WORK PHONE: -

CITY/STATE: Seabrook NH ZIP CODE: 03874 WORK/OTHER PHONE: 978-319-1960

E-MAIL ADDRESS OF LANDOWNER: cmoffat@spsh.com

SERVICE ADDRESS: 4 Fowler Brook Rd ASSESSOR'S MAP-LOT-SEQ: 13-15

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

MOBILE/MANUFACTURED HOME  COMMERCIAL  INDUSTRIAL  (Please Describe) new water 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: 1807 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
potable	residential	-	5/8"	-	-

### FIXTURE UNIT COUNT - COMPLETE THE QUANTITY OF THE FOLLOWING

<b>BATHROOM:</b>		<b>KITCHEN:</b>		<b>LAUNDRY ROOM:</b>		<b>MISC/OTHER:</b>	
TUBS/SHOWERS	<u>1</u>	JACUZZI TUBS		DISHWASHERS	<u>1</u>	CLOTHES WASHERS	<u>1</u>
TUBS ONLY		TOILETS	<u>3</u>	SINKS	<u>1</u>	SINKS	
SHOWERS ONLY	<u>1</u>	URINALS					
SINKS	<u>4</u>	BIDETS				POOL (SIZE: _____)	
						DESCRIBE:	

LAND OWNER'S SIGNATURE

Chad Moffat

DATE: 10-18-23

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

OFFICER'S NAME & TITLE (PRINT)

APPLICANT/CORPORATION'S OFFICER SIGNATURE

Chad Moffat

DATE: 10/18/23

ACCOUNT # 070230



# TOWN OF SEABROOK PUBLIC WATER SYSTEM

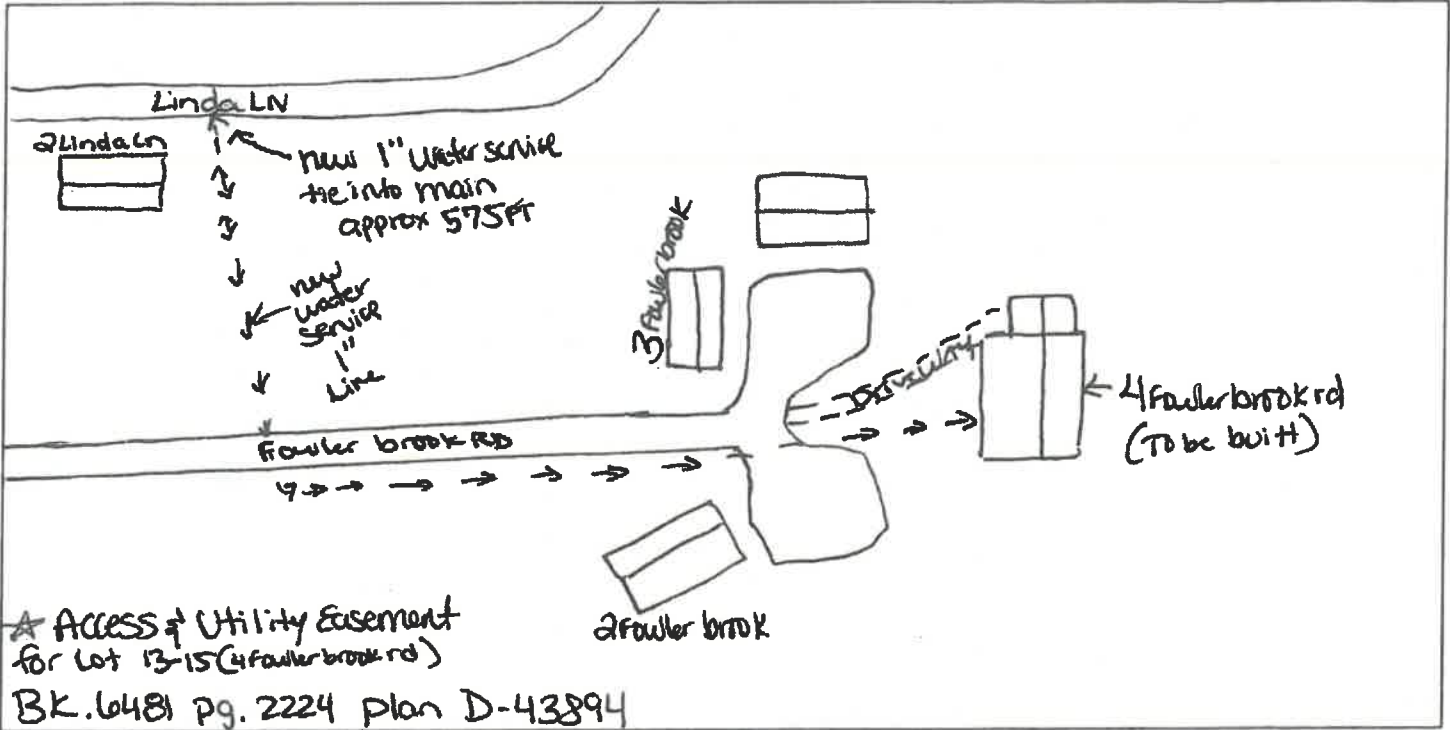
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## WATER SERVICE APPLICATION

### Service Connection Ties

Address: 4 Fowler Brook Rd

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] (01/17/22) \_\_\_\_\_  
Water Superintendent Date

AMOUNT PAID	1300. <sup>00</sup>	CASH CHECK #	92-8100 97-81200. <sup>00</sup>	DATE RECEIVED	10/19/23	BY	[Signature]
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