



TOWN OF SEABROOK PUBLIC WATER SYSTEM

550 Route 107 - PO Box 456, Seabrook, NH 03874

Phone: (603) 474-8921 Fax: (603) 474-3399

WATER SERVICE APPLICATION

APPLICANT INFO SAME AS LANDOWNER? YES NO

DATE: _____

APPLICANT NAME/CORPORATION
CHUCK WHITE / GRAY CONSTRUCTION

APPLICANT ADDRESS
PO BOX 252

CITY
RYE NH

ZIP CODE
03870

WORK/OTHER PHONE
603-312-3304

E-MAIL ADDRESS OF APPLICANT
chuck@graycontractors.com

LANDOWNER/BILLING NAME
SUSAN GRUBBS

BILLING ADDRESS
83 PEMBROKE ST.

CITY
SEABROOK NH

ZIP CODE
03874

WORK/OTHER PHONE

E-MAIL ADDRESS OF LANDOWNER

SERVICE ADDRESS: 83 PEMBROKE ST. ASSESSOR'S MAP-LOT-SEQ: 20/83

TYPE OF CONSTRUCTION: (Check All That Apply)

NEW CONSTRUCTION RESIDENTIAL SINGLE FAMILY MULTI-FAMILY CONDO

MOBILE/MANUFACTURED HOME COMMERCIAL INDUSTRIAL OTHER (Please Describe) _____

**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: 3835 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

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: _____

POTABLE OR RECYCLED	SERVICE USE (RESIDENTIAL, FIRE, IRRIGATION, ETC.)	LATERAL SIZE	METER SIZE	MAX DEMAND IN GPM	ANTICIPATED DATE OF WATER 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	<u>2</u>	JACUZZI TUBS	<u>1</u>	CLOTHES WASHERS	<u>1</u>	HOSE BIBBS	<u>2</u>
TUBS ONLY	<u>1</u>	TOILETS	<u>1</u>	SINKS	<u>1</u>	BAR SINKS	<u>1</u>
SHOWERS ONLY	<u>1</u>	URINALS	<u>1</u>			POOL (SIZE: _____)	<u>1</u>
SINKS	<u>5</u>	BIDETS	<u>1</u>			DESCRIBE: _____	

ADDITIONAL COMMENTS (IF APPLICABLE, LIST NO. OF BUILDINGS AND NO. IN EACH BUILDING, replacing existing line/Demo)

LAND OWNER'S SIGNATURE Susan Grubbs DATE 10-12-23

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 GRAY CONSTRUCTION OFFICER'S NAME & TITLE (PRINT) CHUCK WHITE GM

APPLICANT/CORPORATION'S OFFICER SIGNATURE [Signature] DATE 10-18-2023

Acct# 023550



TOWN OF SEABROOK PUBLIC WATER SYSTEM

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WATER SERVICE APPLICATION

Service Connection Ties

Address: 83 PEMBROKE ST

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.

* PLEASE SEE ATTACHED

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)

Costa Kite
Water Superintendent

10/20/23

Date

AMOUNT PAID: 100-

CASH/CHECK # 2301

DATE RECEIVED 10-20-23

BY MS

