



TOWN OF SEABROOK PUBLIC WATER SYSTEM

550 Route 107 ~ PO Box 466, Seabrook, NH 03874

Phone: (603) 474-9921 Fax: (603) 474-3399

WATER SERVICE APPLICATION

APPLICANT INFO SAME AS LANDOWNER? YES NO

DATE: 10 16 2023

APPLICANT NAME/CORPORATION <i>Phil Franciosa</i>		LANDOWNER/BILLING NAME <i>The Charles B McDevitt Revoc. Trust + The Nancy M McDevitt Revoc. Trust</i>	
APPLICANT ADDRESS <i>10 Merrimack St</i>		BILLING ADDRESS <i>7183 Winding Bay Lane</i>	
CITY/STATE <i>Seabrook, NH</i>	ZIP CODE <i>03874</i>	CITY/STATE <i>West Palm Beach, FL</i>	ZIP CODE <i>33411</i>
HOME/WORK PHONE <i>978-220-6826</i>		HOME/WORK PHONE <i>508-654-7223</i>	
WORK/OTHER PHONE		WORK/OTHER PHONE	
E-MAIL ADDRESS OF APPLICANT <i>PFranciosa27@gmail.com</i>		E-MAIL ADDRESS OF LANDOWNER <i>cbmcdevitt@me.com</i>	

SERVICE ADDRESS: *42 Atlantic* ASSESSOR'S MAP-LOT-SEQ: *21-8*

TYPE OF CONSTRUCTION (Check All That Apply):
 NEW CONSTRUCTION RESIDENTIAL SINGLE FAMILY MULTI-FAMILY CONDO
 MOBILE/MANUFACTURED HOME COMMERCIAL INDUSTRIAL (Please Describe) *Service line replacement*

*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: *24364* TOTAL PARCEL AREA IN SQUARE FEET: *4792*

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

FIGURE UNIT COUNT - COMPLETE THE QUANTITY OF THE FOLLOWING

BATHROOM:		KITCHEN:		LAUNDRY ROOM:		BIBCO/OTHER:	
TUBS/SHOWERS	JACUZZI TUBS	DISHWASHERS	SINKS	CLOTHES WASHERS	SINKS	HOSE/BIBS	BAR SINKS
<i>1</i>	<i>5</i>	<i>1</i>	<i>2</i>	<i>2</i>		<i>2</i>	<i>1</i>
TUBS ONLY	TOILETS						
SHOWERS ONLY	URINALS						
SINKS	BIDETS						
						POOL (SIZE):	DESCRIBE:

LAND OWNER'S SIGNATURE: *Charles McDevitt* DATE: *10-16-2023*

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): *Philip Franciosa*

APPLICANT/CORPORATION'S OFFICER SIGNATURE: _____ DATE: *10-16-2023*

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TOWN OF SEABROOK PUBLIC WATER SYSTEM

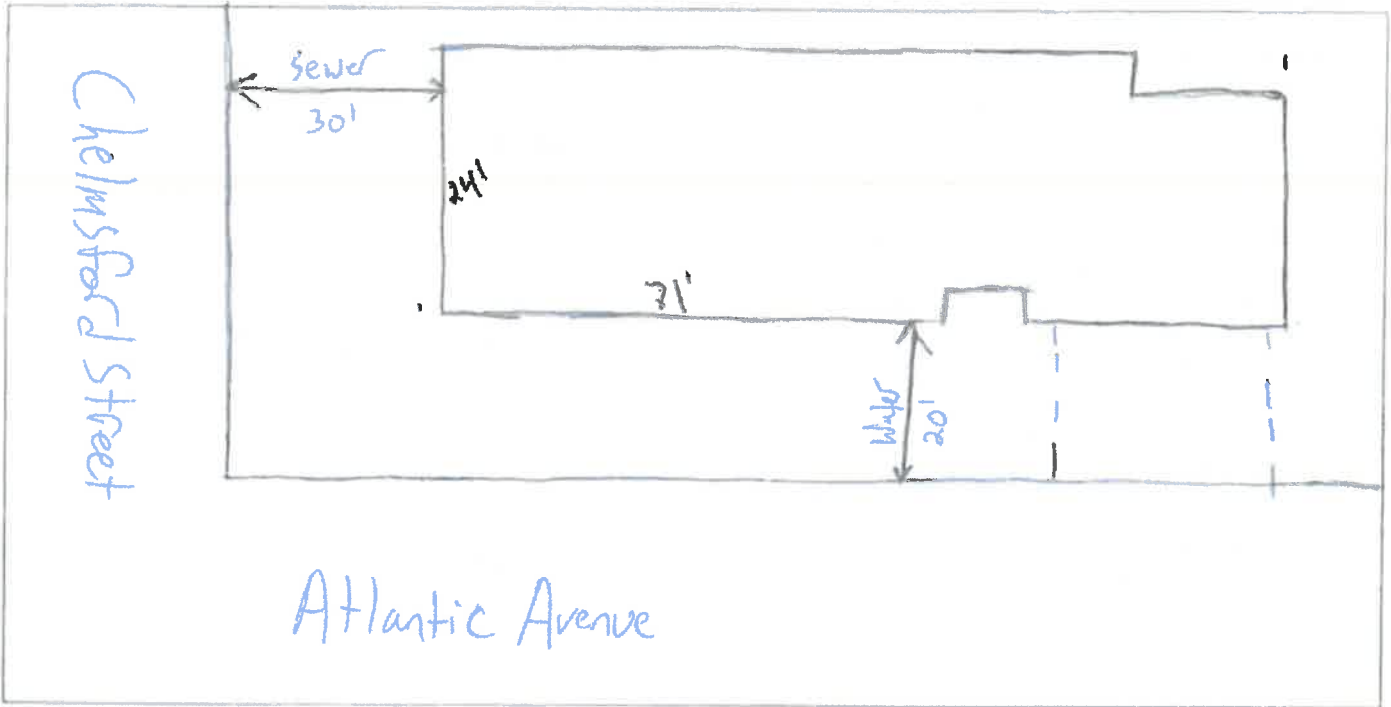
550 Route 107 - PO Box 456, Seabrook, NH 03874
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WATER SERVICE APPLICATION

Service Connection Ties

Address: 92 Atlantic Ave

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]
Water Superintendent

10/17/23
Date

ACCOUNT NO: 8100

ADDRESS: 2432

DATE RECEIVED: 10-16-23

BY: MS