



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

Move Service Change.

APPLICANT INFO SAME AS LANDOWNER?

YES NO

DATE: *12-12-2003*

APPLICANT NAME/CORPORATION <i>Maria Brans</i>			LANDOWNER/BILLING NAME		
APPLICANT ADDRESS <i>16 Worthy Ave</i>		HOMEWORK PHONE	BILLING ADDRESS		HOMEWORK PHONE
CITY/STATE <i>Seabrook NH 03874</i>	ZIP CODE	WORK/OTHER PHONE	CITY/STATE	ZIP CODE	WORK/OTHER PHONE
E-MAIL ADDRESS OF APPLICANT			E-MAIL ADDRESS OF LANDOWNER		

SERVICE ADDRESS: *16 Worthy Ave* ASSESSOR'S MAP-LOT-SEQ: *Maryland*

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

**UNDER 'ADDITIONAL COMMENTS' SECTION, LIST NO. OF BUILDINGS AND NO. OF UNITS IN EACH BUILDING, IF APPLICABLE.*

NO. OF STORIES IN BUILDING: *1* BUILDING SIZE IN SQUARE FEET: *1,100* TOTAL PARCEL AREA IN SQUARE FEET: *.28*

FIRE DEPARTMENT REQUIREMENTS: NONE SPRINKLE ALL SPRINKLE GARAGE ONLY

FIRE HYDRANTS REQUIRED: NONE PUBLIC (NO. OF HYDRANTS *0*) PRIVATE (NO. OF HYDRANTS *0*)

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: *0*

FLOW OF EACH SPRINKLER HEAD IN GPM: *N/A* TOTAL IRRIGATED AREA IN SQUARE FEET: *0*

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

BATHROOM:		KITCHEN:		LAUNDRY ROOM:		MISC/OTHER:	
TUBS/SHOWERS	<i>2</i>	JACUZZI TUBS	<i>0</i>	DISHWASHERS	<i>0</i>	CLOTHES WASHERS	<i>0</i>
TUBS ONLY	<i>0</i>	TOILETS	<i>3</i>	SINKS	<i>2</i>	SINKS	<i>0</i>
SHOWERS ONLY	<i>0</i>	URINALS	<i>0</i>		<i>0</i>		<i>0</i>
SINKS	<i>0</i>	BIDETS	<i>0</i>		<i>0</i>		<i>0</i>

POOL (SIZE: *0*) DESCRIBE:

LAND OWNER'S SIGNATURE: *Maria Brans* DATE: *12-12-2003*

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: *Maria Brans* DATE: *12-12-2003*

ACCOUNT #: *001850*



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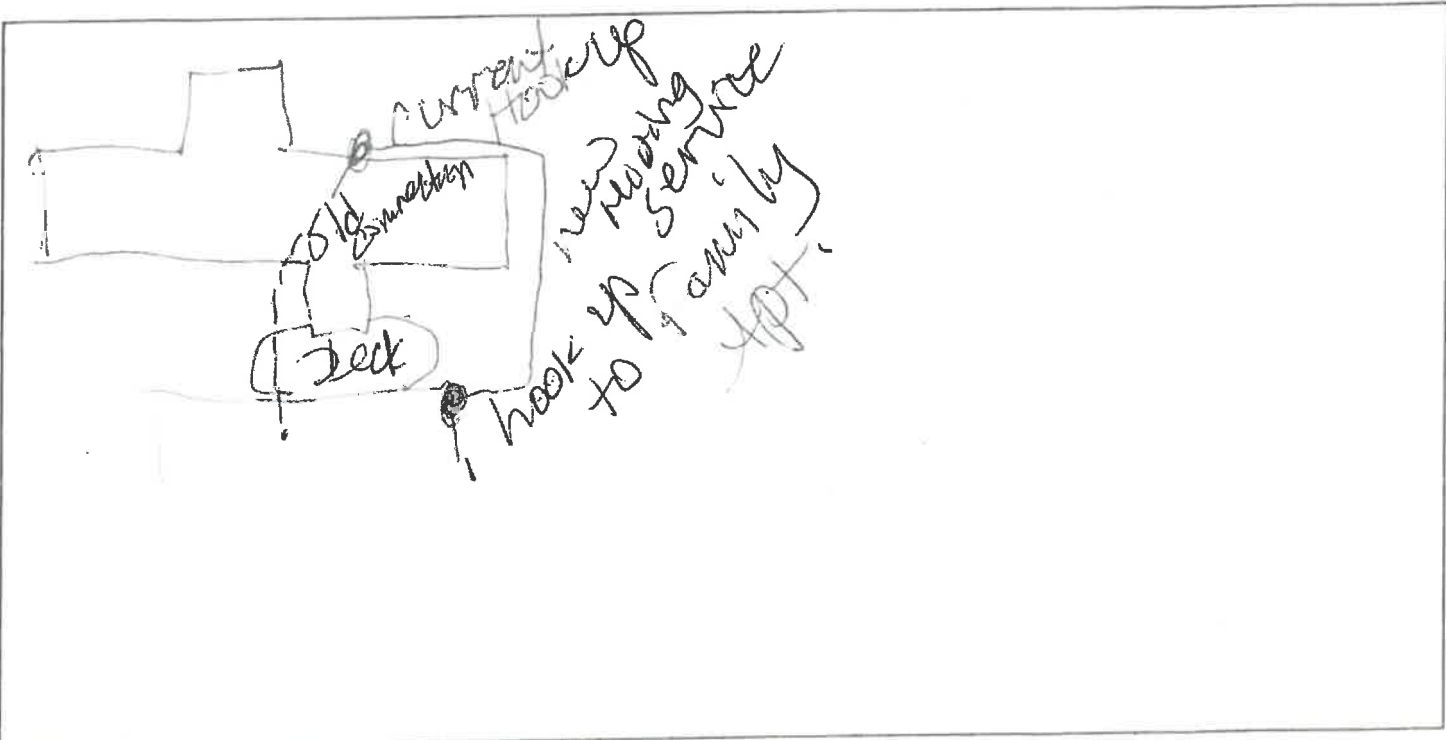
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WATER SERVICE APPLICATION

Service Connection Ties

Address: 16 Woodbury 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] 12/17/23
Water Superintendent

Date

AMOUNT PAID \$50

CASH/CHECK Cash

DATE RECEIVED 12-12-23

BY MS