



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: 2/1/24

APPLICANT NAME/CORPORATION <i>Maria Maryca</i>		LANDOWNER/BILLING NAME <i>Merlene & Joseph Tirone</i>	
APPLICANT ADDRESS <i>115 Centennial St</i>	HOME/WORK PHONE <i>(603) 777-2340</i>	BILLING ADDRESS <i>110 Railroad Ave</i>	HOME/WORK PHONE <i>(603) 474-7071</i>
CITY/STATE <i>Seabrook NH</i>	ZIP CODE <i>03874</i>	CITY/STATE <i>Seabrook, NH</i>	ZIP CODE <i>03874</i>
E-MAIL ADDRESS OF APPLICANT <i>taupsnana@comcast.net</i>		E-MAIL ADDRESS OF LANDOWNER <i>merlene.tirone@gmail.com</i>	

SERVICE ADDRESS: *115 CENTENNIAL ST* ASSESSOR'S MAP-LOT-SEQ: *9-28*

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

*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: *924* TOTAL PARCEL AREA IN SQUARE FEET: *3.4 acres*

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

BATHROOM:		KITCHEN:		LAUNDRY ROOM:		MISC/OTHER:	
TUBS/SHOWERS	<i>1</i>	DISHWASHERS	<i>1</i>	CLOTHES WASHERS	<i>1</i>	HOSEBIBS	<i>1</i>
TUBS ONLY	<i>-</i>	SINKS	<i>1</i>	SINKS	<i>-</i>	BAR SINKS	<i>-</i>
SHOWERS ONLY	<i>-</i>					POOL (SIZE: _____)	<i>-</i>
SINKS	<i>2</i>					DESCRIBE:	
JACUZZI TUBS	<i>-</i>						
TOILETS	<i>2</i>						
URINALS	<i>-</i>						
BIDETS	<i>-</i>						

change to existing

LAND OWNER'S SIGNATURE *Merlene Tirone* DATE *2/14/24*

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 Maryca* DATE *2/14/24*

ACCOUNT # *005355*



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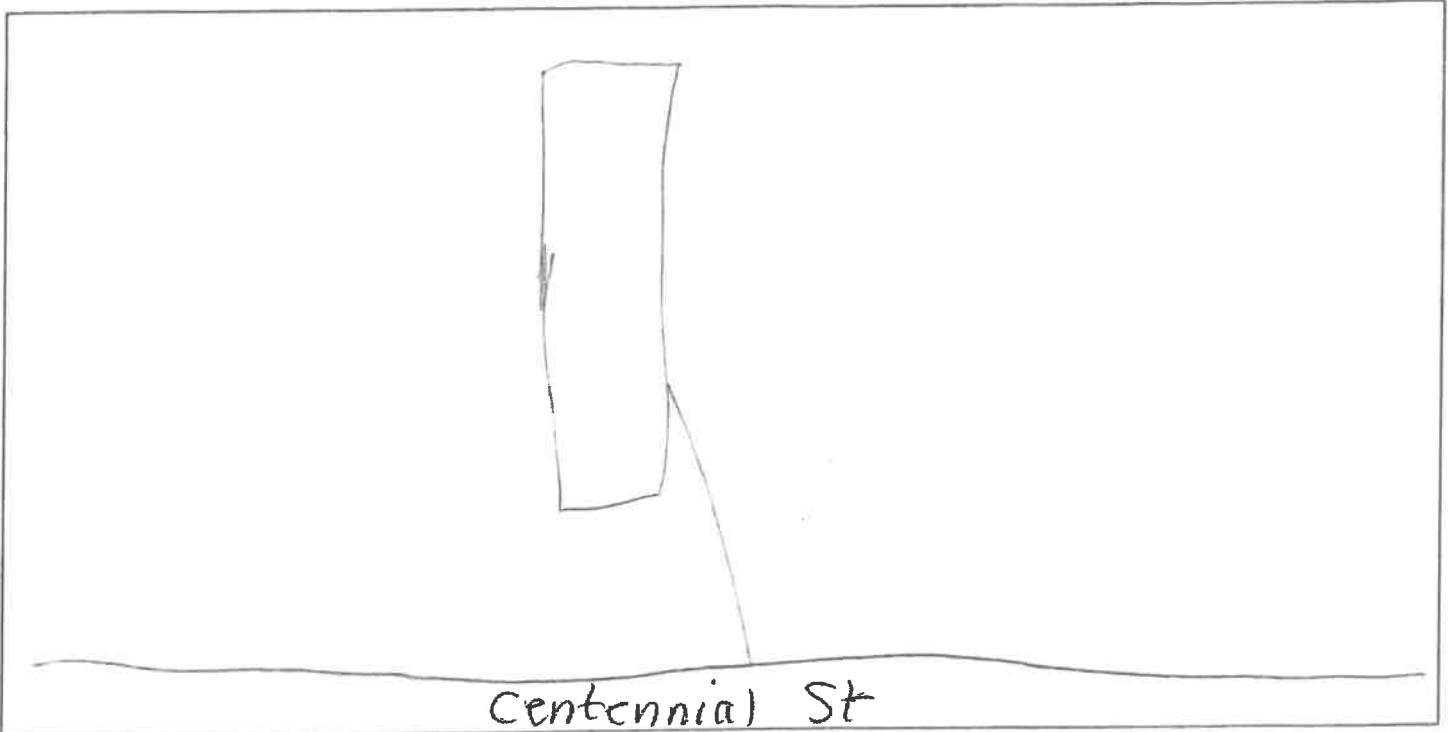
WATER SERVICE APPLICATION

Service Connection Ties

Address:

115 Centennial 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.



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

2/2024
Date

AMOUNT PAID: 850

CASH/CHECK: _____

DATE RECEIVED: 2-20-24

BY: ms