



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: 1/25/24

APPLICANT NAME/CORPORATION CJM Builders Inc.		LANDOWNER/BILLING NAME David & Ellen McGuigan	
APPLICANT ADDRESS P.O. BOX 545		BILLING ADDRESS 544 Hudson Street	
CITY/STATE WILMINGTON, MA		CITY/STATE SEABROOK, NH	
E-MAIL ADDRESS OF APPLICANT office.cjmbuilders@gmail.com		E-MAIL ADDRESS OF LANDOWNER emcguigan@verizon.net	

SERVICE ADDRESS: 544 Hudson Street **ASSESSOR'S MAP-LOT-SEQ** 21-544 7

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

MOBILE/MANUFACTURED HOME **COMMERCIAL** **INDUSTRIAL** **(Please Describe)** Line Replacement

*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:** 1400 **TOTAL PARCEL AREA IN SQUARE FEET:** 5000

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
_____	_____	_____	5"	_____	_____

FIXTURE UNIT COUNT - COMPLETE THE QUANTITY OF THE FOLLOWING

BATHROOM:		KITCHEN:		LAUNDRY ROOM:		MISC/OTHER:	
TUBS/SHOWERS	1	DISHWASHERS	1	CLOTHES WASHERS	1	HOSE/SIBS	2
TUBS ONLY	1	SINKS	1	SINKS	1	BAR SINKS	1
SHOWERS ONLY	1					POOL (SIZE):	
SINKS	3					DESCRIBE:	
JACUZZI TUBS	1						
TOILETS	2						
URINALS	1						
BIDETS	1						

OWNER'S SIGNATURE David W. McGuigan **DATE** 1/25/24

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.

CORPORATION NAME _____ **OFFICER'S NAME & TITLE (PRINT)** _____

APPLICANT/CORPORATION'S OFFICER SIGNATURE _____ **DATE** 1/25/24

034450



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Service Connection Ties

Address: 544 Hudson Street

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.



-OFFICE USE ONLY-

GRANTED DENIED DATE

Board of Water Commissioners

REASON FOR DENIAL:

(Chairman)

[Signature] 1/29/24
Water Superintendent Date

\$100

1-26-24

MS