



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: 2.6.24

APPLICANT NAME/CORPORATION: North Coast Curb LLC

APPLICANT ADDRESS: 62 Folly Mill rd

CITY/STATE: Salisbury Ma. ZIP CODE: 01952

E-MAIL ADDRESS OF APPLICANT: ben@northcoastcurb.com

HOMERWORK PHONE: 978 375 3943

WORK/OTHER PHONE: _____

LANDOWNER/BILLING NAME: Kerri Fowler

BILLING ADDRESS: 62 Folly Mill rd.

CITY/STATE: Salisbury MA ZIP CODE: 01952

E-MAIL ADDRESS OF LANDOWNER: ben@northcoastcurb.com

HOMERWORK PHONE: _____

WORK/OTHER PHONE: 978 375-3943

SERVICE ADDRESS: 85 Ledge road

ASSESSOR'S MAP-LOT-SEQ: 5-8-70A

TYPE OF CONSTRUCTION (Check All That Apply):

NEW CONSTRUCTION: RESIDENTIAL: SINGLE FAMILY: MULTI-FAMILY: CONDO:

MOBILE/MANUFACTURED HOME: **COMMERCIAL**: INDUSTRIAL: (Please Describe): new line

*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: 25000 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 **NO**

WILL THERE BE LANDSCAPE IRRIGATION? YES **NO** IF YES, NUMBER OF SPRINKLER HEADS: 15

FLOW OF EACH SPRINKLER HEAD IN GPM: _____ TOTAL IRRIGATED AREA IN SQUARE FEET: _____

IF NON-RESIDENTIAL, DESCRIBE BUSINESS TYPE OR USAGE OF LOT: Storage / Small businesses.

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
<u>potable</u> <u>Potable</u>	<u>residential</u> <u>Commercial</u>	<u>M-2" - 1"</u>	<u>5/8"</u> <u>5/8"</u>	<u>20 Gal.</u>	<u>March - A.Pri.</u>

FIXTURE UNIT COUNT - COMPLETE THE QUANTITY OF THE FOLLOWING

BATHROOM:		KITCHEN:		LAUNDRY ROOM:		MISC/OTHER:	
TUBS/SHOWERS	JACUZZI TUBS	DISHWASHERS	SINKS	CLOTHES WASHERS	SINKS	HOSEBIBS	
TUBS ONLY	TOILETS <u>15</u>					BAR SINKS	
SHOWERS ONLY	URINALS					POOL (SIZE: _____)	
SINKS <u>15</u>	BIDETS					DESCRIBE:	

LAND OWNER'S SIGNATURE

Kerri Fowler

DATE

2.6.24

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

Kerri Fowler

DATE

2/17/24

ACCOUNT #:



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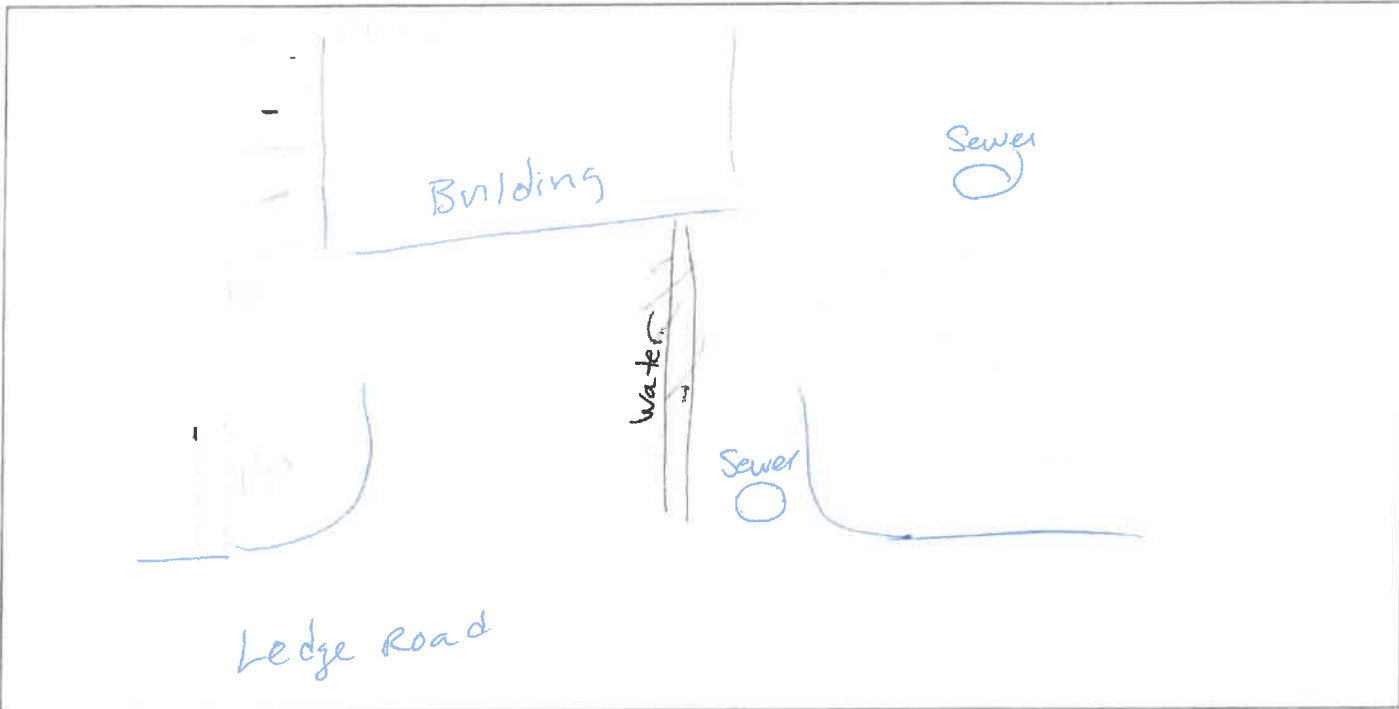
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WATER SERVICE APPLICATION

Service Connection Ties

Address: 85 Ledge road Seabrook NH Condo 5-8-202

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] 2/14/2024 _____

Water Superintendent Date

AMOUNT PAID 1300 CASH/CHECK # 1107 DATE RECEIVED 2-8-24 BY MS