



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: 2/16/24

APPLICANT NAME/CORPORATION: North Coast Curb LLC

APPLICANT ADDRESS: 62 Folly Mill Rd.

CITY/STATE: Salisbury MA ZIP CODE: 01452

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

HOME/WORK PHONE: 978.315.3143

WORK/OTHER PHONE: _____

LANDOWNER/BILLING NAME: Kern Fowler

BILLING ADDRESS: 62 Folly Mill Rd.

CITY/STATE: Salisbury MA ZIP CODE: 01452

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

HOME/WORK PHONE: 978.315.3143

WORK/OTHER PHONE: _____

SERVICE ADDRESS: 85 Ledge Road ASSESSOR'S MAP-LOT-SEQ: 5-8-703

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: 25,000 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: _____

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
potable	residential	-	5/8"	-	-
Potable	Commercial	2" - 1"	5/8"	20 Gal	March-April

FIXTURE UNIT COUNT - COMPLETE THE QUANTITY OF THE FOLLOWING

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

LAND OWNER'S SIGNATURE: Kern Fowler DATE: 2-7-24

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: Kern Fowler DATE: 2/17/24

ACCOUNT # _____



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Service Connection Ties

Address: _____

45 Ledge Rd.

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