



# 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: 2/7/24

|  |                   |                                 |  |                   |                                 |
|--|-------------------|---------------------------------|--|-------------------|---------------------------------|
| APPLICANT NAME/CORPORATION<br>North Coast Curb LLC     |                   |                                 | LANDOWNER/BILLING NAME<br>Kern Fowler                  |                   |                                 |
| APPLICANT ADDRESS<br>62 Folly Mill rd.                 |                   | HOME/WORK PHONE<br>478 315 3943 | BILLING ADDRESS<br>62 Folly Mill rd.                   |                   | HOME/WORK PHONE<br>478 315 3943 |
| CITY/STATE<br>Salisbury MA                             | ZIP CODE<br>01952 | WORK/OTHER PHONE                | CITY/STATE<br>Salisbury Ma.                            | ZIP CODE<br>01952 | WORK/OTHER PHONE                |
| E-MAIL ADDRESS OF APPLICANT<br>bena@northcoastcurb.com |                   |                                 | E-MAIL ADDRESS OF LANDOWNER<br>bena@northcoastcurb.com |                   |                                 |

SERVICE ADDRESS: 85 Ledge rd. Seabrook NH

ASSESSOR'S MAP-LOT-SEQ: 5-8-904

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 business

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"       | -                 | -                                      |
| 1. stable           | Commercial  | Main 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 | JACUZZI TUBS | DISHWASHERS | SINKS | CLOTHES WASHERS | SINKS | HOSEBIBS           | BAR SINKS |
| TUBS ONLY    | TOILETS 1    |             |       |                 |       | POOL (SIZE: _____) |           |
| SHOWERS ONLY | URINALS      |             |       |                 |       | DESCRIBE:          |           |
| SINKS 1      | BIDETS       |             |       |                 |       |                    |           |

MAIN=2" Coming in 1" to each unit

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: 2/7/24

ACCOUNT # \_\_\_\_\_



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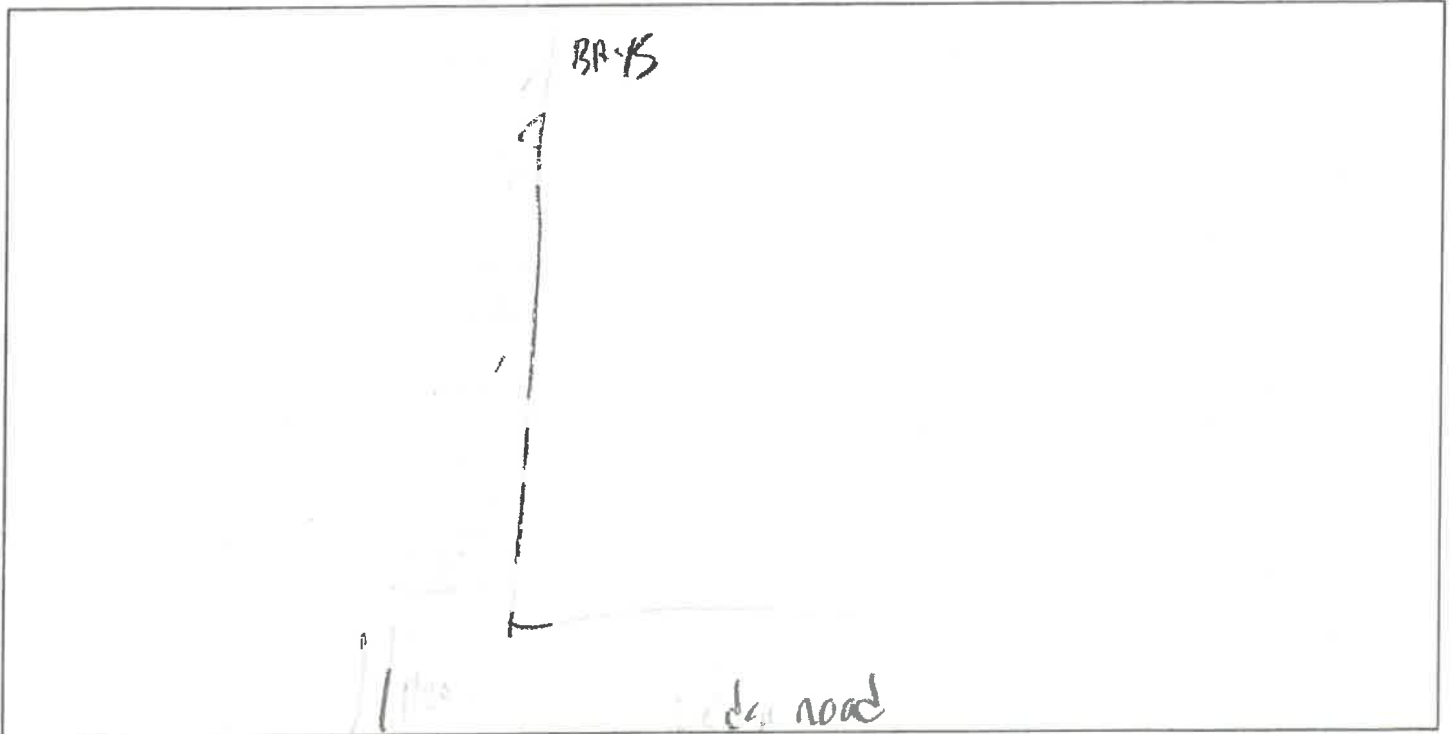
**WATER SERVICE APPLICATION**

**Service Connection Ties**

Address:

26 1/2 day 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]*  
Water Superintendent

2/14/2024  
Date

AMOUNT PAID: \$1300

CASH/CHECK # 1107

DATE RECEIVED 2-8-24

BY MS