



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 <i>North Coast Club LLC</i>			LANDOWNER/BILLING NAME <i>Kern Fowler</i>		
APPLICANT ADDRESS <i>102 Folly Mill rd.</i>		HOME/WORK PHONE	BILLING ADDRESS <i>62 Folly Mill rd.</i>		HOME/WORK PHONE <i>978 315 5943</i>
CITY/STATE <i>Salisbury Md.</i>	ZIP CODE <i>01952</i>	WORK/OTHER PHONE <i>978 315 5943</i>	CITY/STATE <i>Salisbury Md.</i>	ZIP CODE <i>01952</i>	WORK/OTHER PHONE
E-MAIL ADDRESS OF APPLICANT <i>ben@northcoastclub.com</i>			E-MAIL ADDRESS OF LANDOWNER <i>ben@northcoastclub.com</i>		

SERVICE ADDRESS: *85 Ledge Road* ASSESSOR'S MAP-LOT-SEQ: *5-8-710*

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

MOBILE/MANUFACTURED HOME COMMERCIAL INDUSTRIAL (Please Describe)

**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 *1*) 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
<i>potable</i>	<i>residential</i>	-	<i>5/8"</i>	-	-
<i>Potable</i>	<i>Commercial</i>	<i>2" - 1"</i>	<i>5/8</i>	<i>20 gal.</i>	<i>March - April</i>

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 <i>1</i>					POOL (SIZE: _____)	
SHOWERS ONLY	URINALS					DESCRIBE:	
SINKS <i>1</i>	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 *2/7/24*

ACCOUNT # _____



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Service Connection Ties

Address:

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)

C. J. [Signature]
Water Superintendent

2/14/2024
Date

AMOUNT PAID \$1300

CASH/CHECK # 1107

DATE RECEIVED 2-8-24

BY MS