



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

North Coast Curb LLC

LANDOWNER/BILLING NAME

Kern Fowler

APPLICANT ADDRESS

62 Folly Mill Rd

HOME/WORK PHONE

478345544

BILLING ADDRESS

62 Folly Mill Rd.

HOME/WORK PHONE

4783455443

CITY/STATE

Seabrook NH

ZIP CODE

01952

WORK/OTHER PHONE

CITY/STATE

Seabrook NH

ZIP CODE

01952

WORK/OTHER PHONE

E-MAIL ADDRESS OF APPLICANT

kern@northcoastcurb.com

E-MAIL ADDRESS OF LANDOWNER

kern@northcoastcurb.com

SERVICE ADDRESS:

85 Ledge Rd.

ASSESSOR'S MAP-LOT-SEQ:

5 - 8 - 711

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

FIXTURE UNIT COUNT - COMPLETE THE QUANTITY OF THE FOLLOWING

BATHROOM:		KITCHEN:		LAUNDRY ROOM:		MISC/OTHER:
TUBS/SHOWERS		DISHWASHERS		CLOTHES WASHERS		HOSEBIBS
TUBS ONLY		SINKS		SINKS		BAR SINKS
SHOWERS ONLY						POOL (SIZE:)
SINKS	1					DESCRIBE:
JACUZZI TUBS						
TOILETS	1					
URINALS						
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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WATER SERVICE APPLICATION

Service Connection Ties

Address:

85 Ledge road

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)

Water Superintendent

2/14/2024

Date

AMOUNT PAID: \$1300

CASH/CHECK # 1107

DATE RECEIVED 2-8-24

BY MS