



# 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 <u>North Coast Curb LLC</u>			LANDOWNER/BILLING NAME <u>Kern Fowler</u>		
APPLICANT ADDRESS <u>62 Folly Mill Rd.</u>		HOME/WORK PHONE <u>978 315 5943</u>	BILLING ADDRESS <u>62 Folly Mill Rd.</u>		HOME/WORK PHONE
CITY/STATE <u>Salisbury MA</u>	ZIP CODE <u>01952</u>	WORK/OTHER PHONE	CITY/STATE <u>Salisbury MA</u>	ZIP CODE <u>01952</u>	WORK/OTHER PHONE <u>978 315 5943</u>
E-MAIL ADDRESS OF APPLICANT <u>kern@northcoastcurb.com</u>			E-MAIL ADDRESS OF LANDOWNER <u>kern@northcoastcurb.com</u>		

SERVICE ADDRESS: 85 Ledge Road ASSESSOR'S MAP-LOT-SEQ: 5-8-213

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: 20 gal. 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 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	
TUBS ONLY	TOILETS <u>1</u>					BAR SINKS	
SHOWERS ONLY	URINALS					POOL (SIZE: _____)	
SINKS <u>1</u>	BIDETS					DESCRIBE:	

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 # \_\_\_\_\_

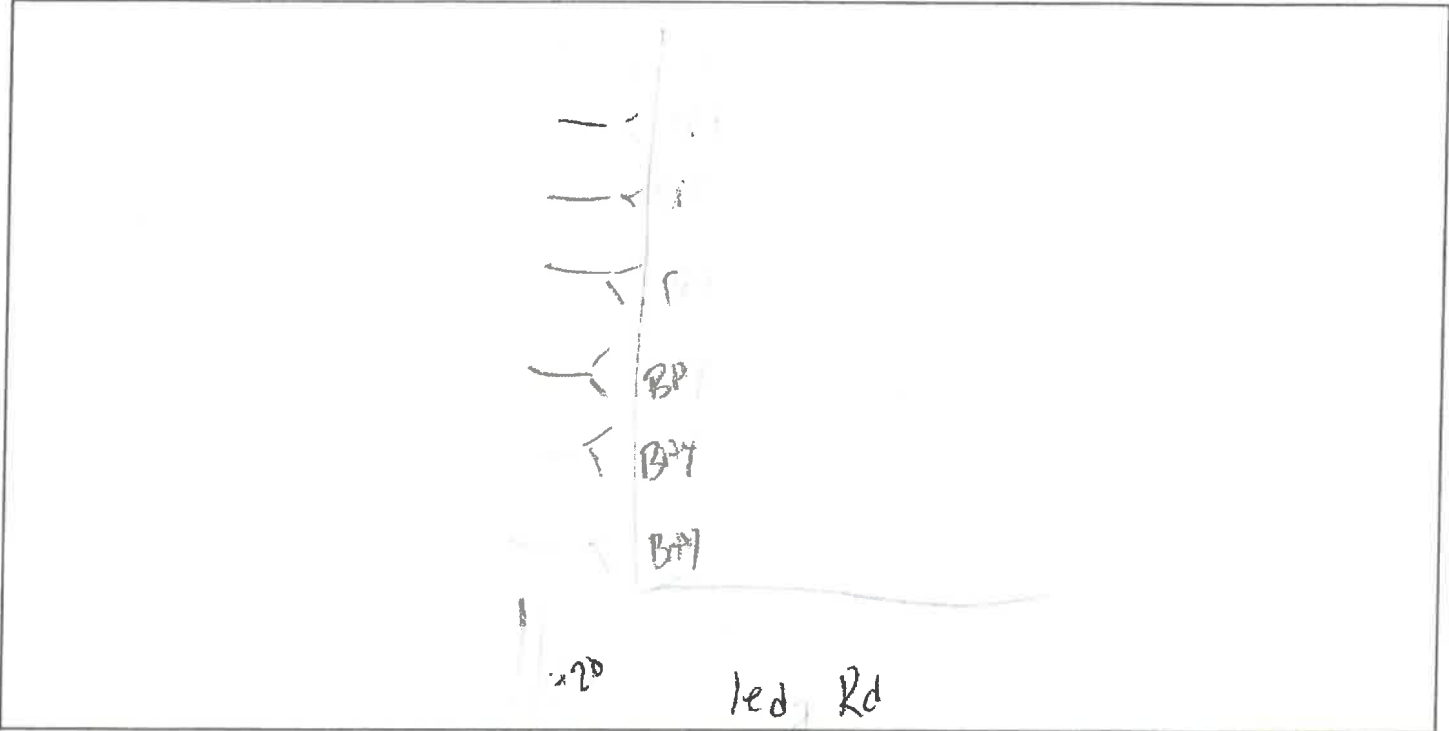


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**Service Connection Ties**

Address: 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)

[Signature] 2/14/2024  
 Water Superintendent Date

AMOUNT PAID: \$300 CASH/CHECK # 1107 DATE RECEIVED 2-8-24 BY MS