



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: 1/23/2024

APPLICANT NAME/CORPORATION CPF Builders Inc			LANDOWNER/BILLING NAME Samuel Patterson		
APPLICANT ADDRESS 10 Merrimack St		HOME PHONE	BILLING ADDRESS 98 Washington St		HOME PHONE
CITY Seabrook	ZIP CODE 03874	WORK/OTHER PHONE 978-476-6585	CITY Seabrook NH	ZIP CODE 03874	WORK/OTHER PHONE 603-300-2950
E-MAIL ADDRESS OF APPLICANT cfrauciosa@cychoo.com			E-MAIL ADDRESS OF LANDOWNER		

SERVICE ADDRESS: **98 Washington St** ASSESSOR'S MAP-LOT-SEQ: **14-7**

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

MOBILE/MANUFACTURED HOME COMMERCIAL INDUSTRIAL OTHER (Please Describe) _____

*UNDER 'ADDITIONAL COMMENTS' SECTION, LIST NO. OF BUILDINGS AND NO. OF UNITS IN EACH BUILDING, IF APPLICABLE

NO. OF STORIES IN BUILDING: **2** BUILDING SIZE IN SQUARE FEET: **7-1,900** 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: _____

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
	Residential	1"	3/4"		

FIXTURE UNIT COUNT - COMPLETE THE QUANTITY OF THE FOLLOWING

BATHROOM:		KITCHEN:		LAUNDRY ROOM:		MISC/OTHER:	
TUSS/SHOWERS 2	JACUZZI TUBS 0	DISHWASHERS 1	CLOTHES WASHERS 1			HOSE/BIBS 2	
TUBS ONLY 0	TOILETS 3	SINKS 1	SINKS 0			BAR SINKS 0	
SHOWERS ONLY 0	URINALS 0					POOL (SIZE: _____) 0	
SINKS 3	BIDETS 0					DESCRIBE: _____	

ADDITIONAL COMMENTS (IF APPLICABLE, LIST NO. OF BUILDINGS AND NO. IN EACH BUILDING)

LAND OWNER'S SIGNATURE

DATE 1/23/2024

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 **CPF Builders Inc**

OFFICER'S NAME & TITLE (PRINT) **Chris Franciosa, President**

APPLICANT/CORPORATION'S OFFICER SIGNATURE

DATE 1/22/2024

075250

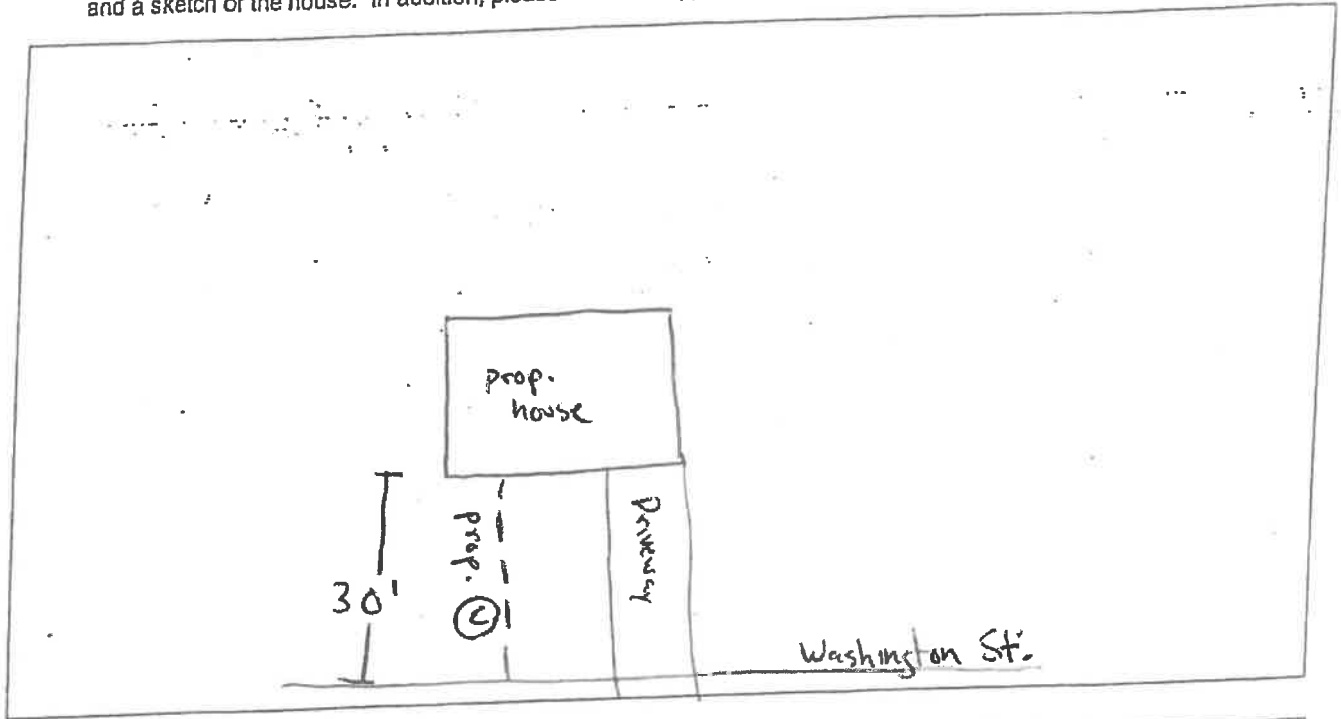


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Service Connection Ties

Address: 98 Washington St

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] 1/23/24
 Water Superintendent Date

AMOUNT PAID: \$100

CASH/CHECK# pd

DATE RECEIVED 1-23-24 BY MS