

emergency



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: 3/14/24

Form with fields for APPLICANT NAME/CORPORATION, APPLICANT ADDRESS, HOME/WORK PHONE, BILLING ADDRESS, HOME/WORK PHONE, CITY/STATE, ZIP CODE, WORK/OTHER PHONE, E-MAIL ADDRESS OF APPLICANT, E-MAIL ADDRESS OF LANDOWNER.

Form with fields for SERVICE ADDRESS, ASSESSOR'S MAP-LOT-SEQ, TYPE OF CONSTRUCTION, MOBILE/MANUFACTURED HOME, COMMERCIAL, INDUSTRIAL, RESIDENTIAL, SINGLE FAMILY, MULTI-FAMILY, CONDO.

Form with fields for NO. OF STORIES IN BUILDING, BUILDING SIZE IN SQUARE FEET, TOTAL PARCEL AREA IN SQUARE FEET, FIRE DEPARTMENT REQUIREMENTS, FIRE HYDRANTS REQUIRED, IS THERE A WELL ON THE PROPERTY?, WILL A PUMP BE USED TO BOOST PRESSURE?, WILL THERE BE LANDSCAPE IRRIGATION?, FLOW OF EACH SPRINKLER HEAD IN GPM, TOTAL IRRIGATED AREA IN SQUARE FEET.

Table with columns: POTABLE OR RECYCLED, SERVICE USE (RESIDENTIAL, FIRE, IRRIGATION, ETC.), LATERAL SIZE, METER SIZE, MAX DEMAND IN GPM, ANTICIPATED DATE OF METER INSTALLATION.

Form with fields for BATHROOM, KITCHEN, LAUNDRY ROOM, MISC/OTHER, including tubs/showers, jacuzzi tubs, toilets, urinals, bidets, dishwashers, sinks, clothes washers, sinks, pool (size), describe.

Emergency Water Leak Repair

LAND OWNER'S SIGNATURE Wendy McCann DATE 3/14/24

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 Wendy McCann DATE 3/14/24

ACCOUNT # 068250



TOWN OF SEABROOK PUBLIC WATER SYSTEM

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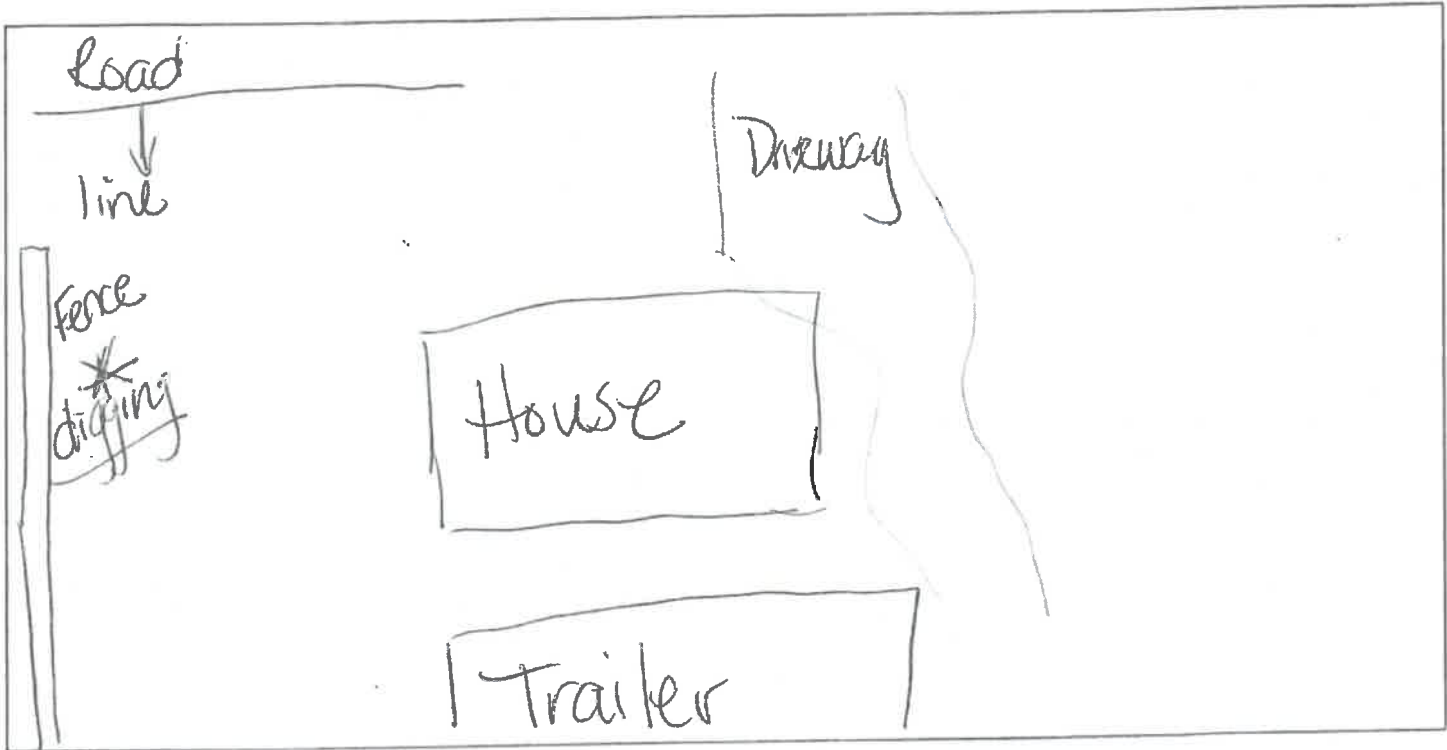
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WATER SERVICE APPLICATION

Service Connection Ties

Address: 214 South Main 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] 3/4/24
Water Superintendent

Date

AMOUNT PAID 150

CASH/CHECK # 1161

DATE RECEIVED 3-4-24

BY MS