



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 26 24

APPLICANT NAME/CORPORATION: Tina Murphy

APPLICANT ADDRESS: 54 Railroad Ave

CITY/STATE: Seabrook NH ZIP CODE: 103814

HOME/WORK PHONE: 603.501.9340

WORK/OTHER PHONE: _____

E-MAIL ADDRESS OF APPLICANT: TinaMurphy323@gmail.com

LANDOWNER/BILLING NAME: _____

BILLING ADDRESS: _____

CITY/STATE: _____ ZIP CODE: _____

HOME/WORK PHONE: _____

WORK/OTHER PHONE: _____

E-MAIL ADDRESS OF LANDOWNER: _____

SERVICE ADDRESS: 54 Railroad Ave ASSESSOR'S MAP-LOT-SEQ: 8-120-1

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

MOBILE/MANUFACTURED HOME COMMERCIAL INDUSTRIAL (Please Describe) Change to existing

**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: _____ 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
potable	residential		5/8"		

FIXTURE UNIT COUNT - COMPLETE THE QUANTITY OF THE FOLLOWING

BATHROOM:		KITCHEN:		LAUNDRY ROOM:		MISC/OTHER:	
TUBS/SHOWERS	<u>1</u>	JACUZZI TUBS		DISHWASHERS	<u>1</u>	CLOTHES WASHERS	
TUBS ONLY		TOILETS	<u>2</u>	SINKS		SINKS	
SHOWERS ONLY	<u>1</u>	URINALS					
SINKS	<u>3</u>	BIDETS					
						POOL (SIZE: _____)	
						DESCRIBE:	

LAND OWNER'S SIGNATURE: Tina Murphy DATE: 3/26/24

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: Tina Murphy DATE: 3/26/24

ACCOUNT # 149950



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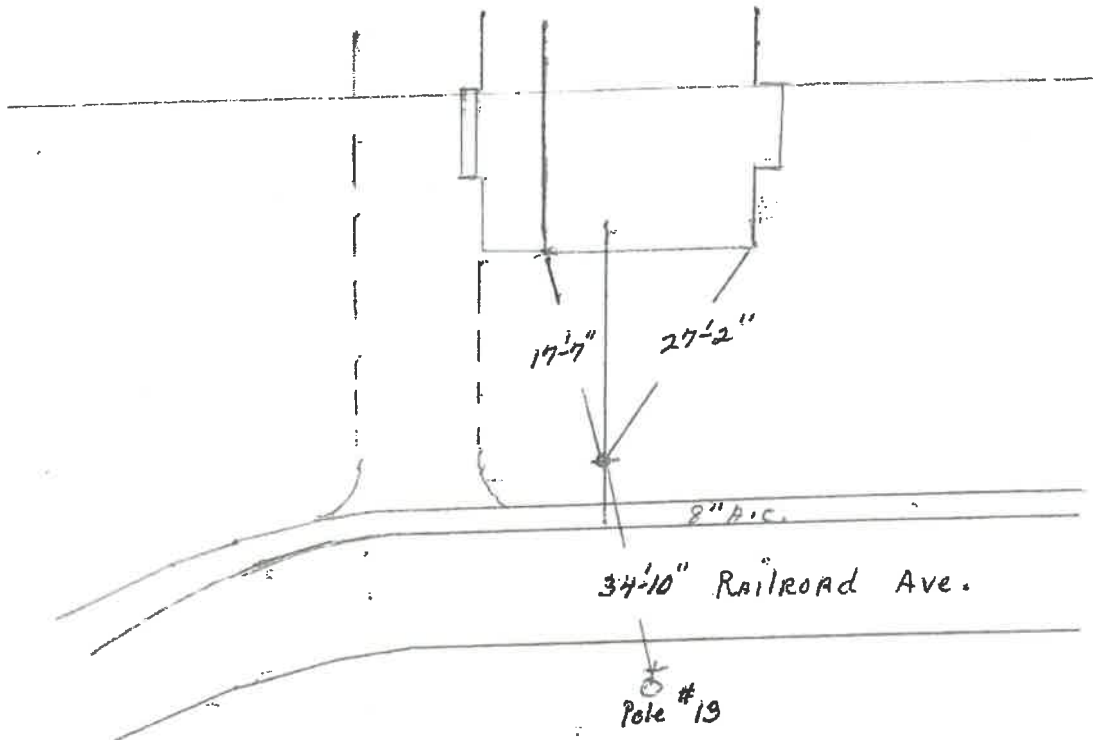
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WATER SERVICE APPLICATION

Service Connection Ties

Address: 54 Railroad Ave

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.



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]
Water Superintendent

3/27/24
Date

AMOUNT PAID: 50.00

PAYMENT METHOD: Cash

DATE RECEIVED: 3/26/24

[Signature]