



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 31 2024

APPLICANT NAME/CORPORATION Rick Foye		LANDOWNER/BILLING NAME Rick Foye (Same information)	
APPLICANT ADDRESS PO Box 1251	HOME/WORK PHONE 603-770-1009	BILLING ADDRESS PO Box 1251	HOME/WORK PHONE 603-770-1009
ITY/STATE Hampton, NH	ZIP CODE 03843	WORK/OTHER PHONE	WORK/OTHER PHONE
E-MAIL ADDRESS OF APPLICANT Rickf130@yahoo.com		E-MAIL ADDRESS OF LANDOWNER Rickf130@yahoo.com	

SERVICE ADDRESS: 8 Whittier Dr.	ASSESSOR'S MAP-LOT-SEQ. 8/38/8
TYPE OF CONSTRUCTION (Check All That Apply) <input checked="" type="checkbox"/> NEW CONSTRUCTION	RESIDENTIAL SINGLE FAMILY <input checked="" type="checkbox"/> MULTI-FAMILY CONDO
MOBILE/MANUFACTURED HOME COMMERCIAL INDUSTRIAL (Please Describe)	Single family with ADU apartment
<i>UNDER 'ADDITIONAL COMMENTS' SECTION, LIST NO. OF BUILDINGS AND NO. OF UNITS IN EACH BUILDING, IF APPLICABLE</i>	

NO. OF STORIES IN BUILDING: <u>2</u>	BUILDING SIZE IN SQUARE FEET: <u>2400</u>	TOTAL PARCEL AREA IN SQUARE FEET: _____
FIRE DEPARTMENT REQUIREMENTS	<input checked="" type="checkbox"/> NONE	SPRINKLE ALL SPRINKLE GARAGE ONLY
FIRE HYDRANTS REQUIRED	<input checked="" type="checkbox"/> NONE	PUBLIC (NO. OF HYDRANTS _____) PRIVATE (NO. OF HYDRANTS _____)
IS THERE A WELL ON THE PROPERTY?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	USING RECYCLED WATER? YES <input type="checkbox"/> NO <input type="checkbox"/>
WILL A PUMP BE USED TO BOOST PRESSURE?	YES - FIRE SERVICE <input type="checkbox"/> YES - DOMESTIC SERVICE <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
WILL THERE BE LANDSCAPE IRRIGATION?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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: _____		

POTABLE OR RECYCLED	SERVICE USE (RESIDENTIAL, FIRE, IRRIGATION, ETC.)	LATERAL SIZE	METER SIZE	MAX DEMAND IN GPM	ANTICIPATED DATE OF METER INSTALLATION
			<u>5/8"</u>		
Requesting full 1" water service and water meter					

FIXTURE UNIT COUNT - COMPLETE THE QUANTITY OF THE FOLLOWING							
BATHROOM:		KITCHEN:		LAUNDRY ROOM:		MISC/OTHER:	
TUBS/SHOWERS	<u>1</u>	JACUZZI TUBS		DISHWASHERS	<u>2</u>	CLOTHES WASHERS	<u>2</u>
TUBS ONLY		TOILETS	<u>4</u>	SINKS	<u>2</u>	SINKS	
SHOWERS ONLY	<u>2</u>	URINALS					
SINKS	<u>5</u>	BIDETS				POOL (SIZE: _____)	
						DESCRIBE:	

LAND OWNER'S SIGNATURE

DATE 3/31/24

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

DATE

RECORD # 089600



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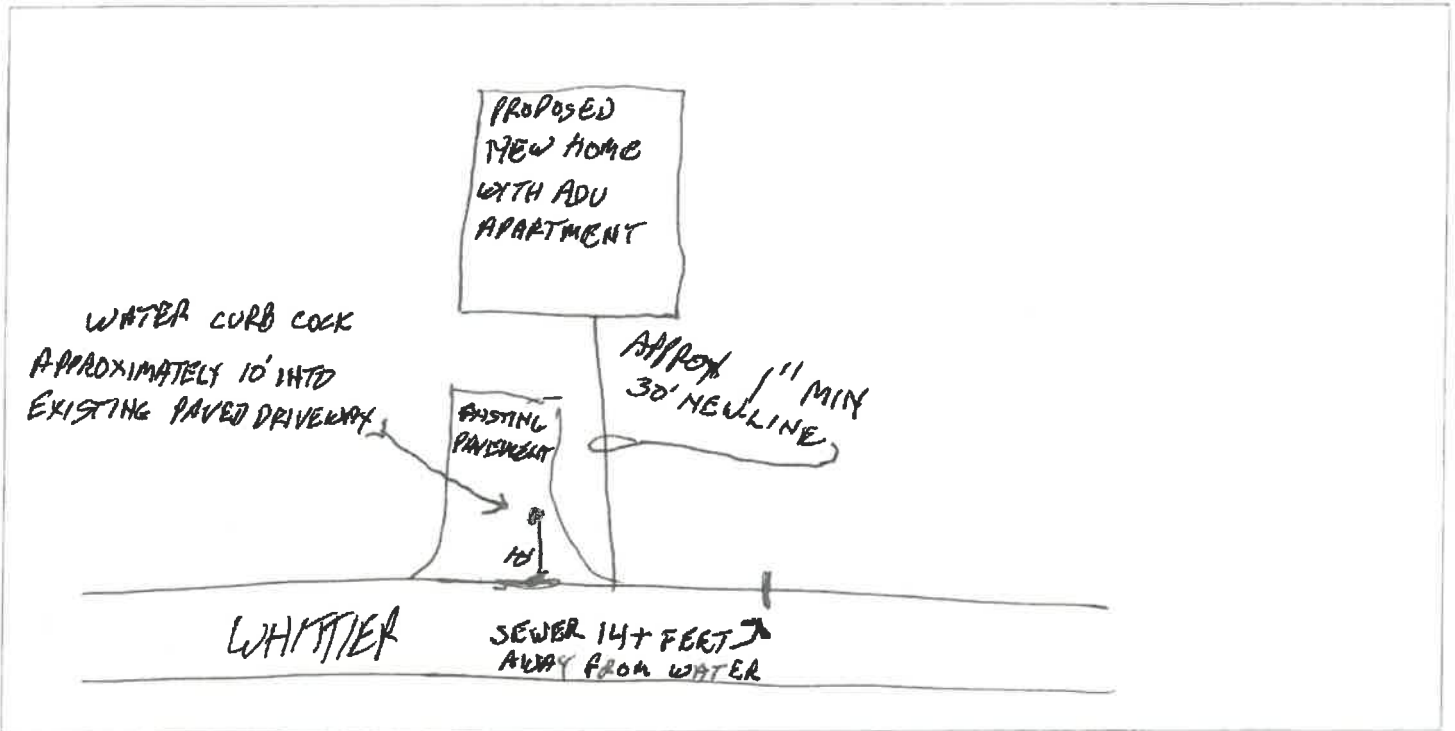
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WATER SERVICE APPLICATION

Service Connection Ties

Address: 8 Whittier Dr.

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] 4/8/24
Water Superintendent Date

AMOUNT PAID 100.00 540 2/5/24 *[Signature]*