



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: 5/10/24

APPLICANT NAME/CORPORATION <u>Stephen Galinsky</u>		LANDOWNER/BILLING NAME <u>Stephen Gallusk</u>	
APPLICANT ADDRESS <u>5 Mashus Street</u>		HOME/WORK PHONE <u>508-509-5904</u>	BILLING ADDRESS <u>950 North Broadway</u>
CITY/STATE <u>Seabrook</u>	ZIP CODE <u>03874</u>	WORK/OTHER PHONE	CITY/STATE <u>Haverhill, MA</u>
E-MAIL ADDRESS OF APPLICANT <u>mrplumber@9901.com</u>		E-MAIL ADDRESS OF LANDOWNER <u>mrplumber@9901.com</u>	

SERVICE ADDRESS: 5 Mashus Seabrook, NH ASSESSOR'S MAP-LOT-SEQ: 21 5 4

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

MOBILE/MANUFACTURED HOME COMMERCIAL INDUSTRIAL OTHER (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: 2,000 TOTAL PARCEL AREA IN SQUARE FEET: 5,000

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	JACUZZI TUBS	DISHWASHERS	SINKS	CLOTHES WASHERS	SINKS	HOSEBIBS	BAR SINKS
1	3	1	1	1		2	
SHOWERS ONLY	TOILETS						
2	3						
SINKS	URINALS						
4	BIDETS						

POOL (SIZE: _____) DESCRIBE: _____

LAND OWNER'S SIGNATURE

Stephen Galinsky

DATE

5/10/24

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'S SIGNATURE

DATE

5/13/24



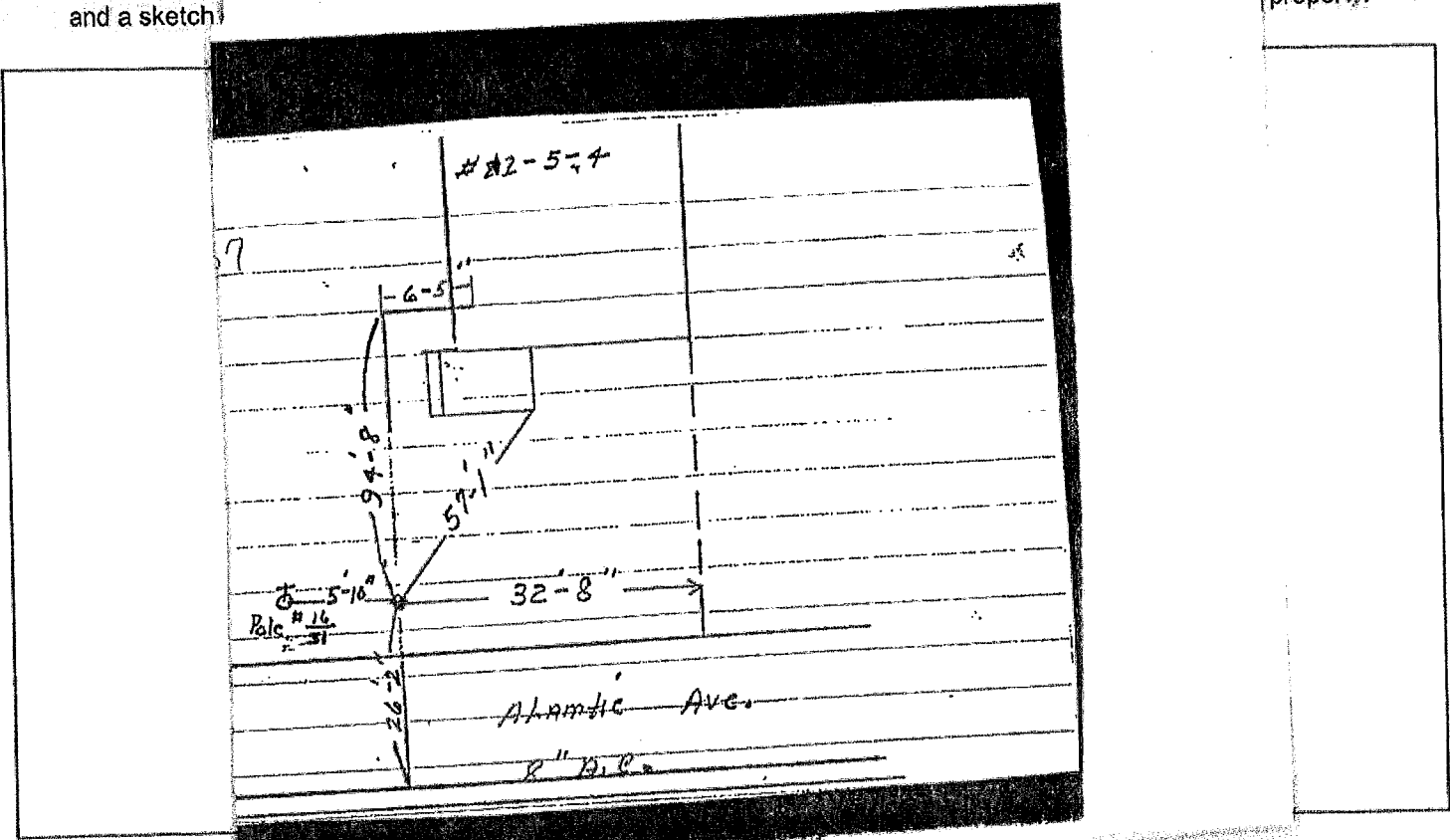
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WATER SERVICE APPLICATION

Service Connection Ties

Address: 5 Mashua Seabrook NH

Please provide
and a sketch

the street
property.



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 _____
REASON FOR DENIAL: _____
Board of Water Commissioners
(Chairman)
Water Superintendent _____ Date 5/13/24

AMOUNT PAID: 50.00 CASH/CHECK # _____ DATE RECEIVED 5/13/24 BY [Signature]