



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: 07/24/24

APPLICANT NAME/CORPORATION <u>Birch Real Estate, LLC</u>		LANDOWNER/BILLING NAME <u>Birch Real Estate, LLC</u>	
APPLICANT ADDRESS <u>1 Lafayette Rd.</u>	HOME/WORK PHONE <u>603-964-7572</u>	BILLING ADDRESS <u>P.O. Box 1297</u>	HOME/WORK PHONE <u>603-765-6515</u>
CITY/STATE <u>North Hampton, nH</u>	ZIP CODE <u>03862</u>	CITY/STATE <u>North Hampton, NH</u>	ZIP CODE <u>03862</u>
E-MAIL ADDRESS OF APPLICANT <u>Luanne@greenandcompany.com</u>		E-MAIL ADDRESS OF LANDOWNER <u>mgreen@greenandcompany.com</u>	

SERVICE ADDRESS: 172 Tilton St. ASSESSOR'S MAP-LOT-SEQ: 20-172

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

MOBILE/MANUFACTURED HOME COMMERCIAL INDUSTRIAL (Please Describe) demo current home, build new home line replacement

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

NO. OF STORIES IN BUILDING: 3 BUILDING SIZE IN SQUARE FEET: 3958 TOTAL PARCEL AREA IN SQUARE FEET: 20,000

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: 21

FLOW OF EACH SPRINKLER HEAD IN GPM: 1.5 TOTAL IRRIGATED AREA IN SQUARE FEET: ## 3800

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>2</u>	JACUZZI TUBS		DISHWASHERS	<u>1</u>	CLOTHES WASHERS	
TUBS ONLY		TOILETS	<u>4</u>	SINKS	<u>1</u>	SINKS	
SHOWERS ONLY	<u>1</u>	URINALS					
SINKS	<u>5</u>	BIDETS				POOL (SIZE: _____)	
						DESCRIBE:	

APPLICANT AND OWNER'S SIGNATURE: [Signature] DATE: 7/25/24

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: Birch Real Estate OFFICER'S NAME & TITLE (PRINT): manager

APPLICANT/CORPORATION'S OFFICER SIGNATURE: [Signature] DATE: 7/25/24

COUNT # 095950

pd 8/00 ✓ #1043
7-26-24

APPLICANT/CORPORATION'S OFFICER SIGNATURE

ACCOUNT # 095950

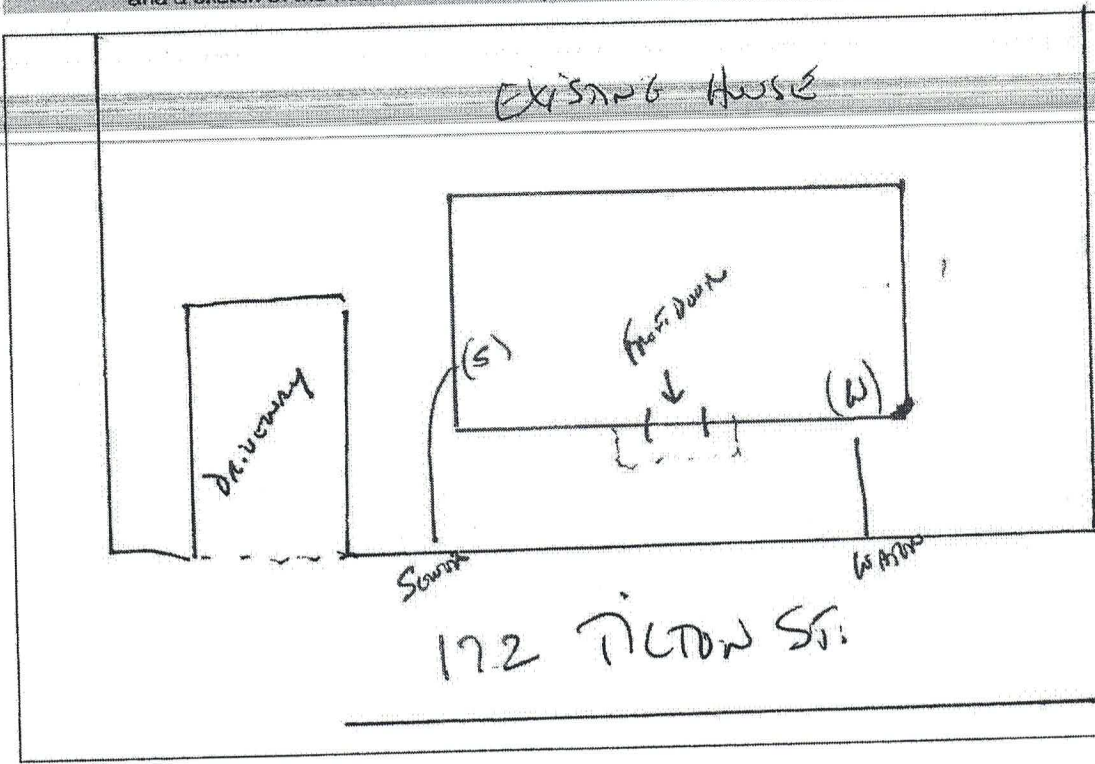


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Service Connection Ties

Address: 172 Tilton St

Please provide a sketch of the service connection with the approximate length. Please indicate the name and a sketch of the house. In addition, please show the approximate distances from any sewer lines.



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]
Water Superintendent

7/29/24
Date