



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: 7/16/24

APPLICANT NAME/CORPORATION Sweet Management Inc.			LANDOWNER/BILLING NAME 72 NEW Zealand Rd Seabrook LLC		
APPLICANT ADDRESS P.O. Box 999			BILLING ADDRESS P.O. Box 999		
HOME PHONE 978 815-1853		HOME PHONE 978-815-1853		HOME PHONE 978-815-1853	
CITY Danville, NH	ZIP CODE 03819	WORK/OTHER PHONE 978-994-2839	CITY Danville, NH	ZIP CODE 03819	WORK/OTHER PHONE 978-994-2839
E-MAIL ADDRESS OF APPLICANT Curt@youstar.com			E-MAIL ADDRESS OF LANDOWNER Curt@youstar.com		

SERVICE ADDRESS: **72- NEW Zealand Rd.** ASSESSOR'S MAP-LOT-SEQ: **7-55**

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

MOBILE/MANUFACTURED HOME **COMMERCIAL** INDUSTRIAL OTHER (Please Describe) _____

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

NO. OF STORIES IN BUILDING: **1** BUILDING SIZE IN SQUARE FEET: **78,000** TOTAL PARCEL AREA IN SQUARE FEET: **311,573**

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: **Plans on File** 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

FIXTURE UNIT COUNT - COMPLETE THE QUANTITY OF THE FOLLOWING

BATHROOM:		KITCHEN:		LAUNDRY ROOM:		MISC OTHER:	
TUBS/SHOWERS	JACUZZI TUBS	DISHWASHERS	SINKS	CLOTHES WASHERS	SINKS	HOSE BIBS	
TUBS ONLY	TOILETS 1					BAR SINKS	
SHOWERS ONLY	URINALS					POOL (SIZE: _____)	
SINKS 1	BIDETS					DESCRIBE: _____	

ADDITIONAL COMMENTS (IF APPLICABLE, LIST NO. OF BUILDINGS AND NO. IN EACH BUILDING)

LAND OWNER'S SIGNATURE: *[Signature]* DATE: **7/16/24**

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: *[Signature]* DATE: _____

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Acct# 600460



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Service Connection Ties

Address: 72 NEW ZEALAND RD.

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.

Please see attached copy of Plan

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 _____

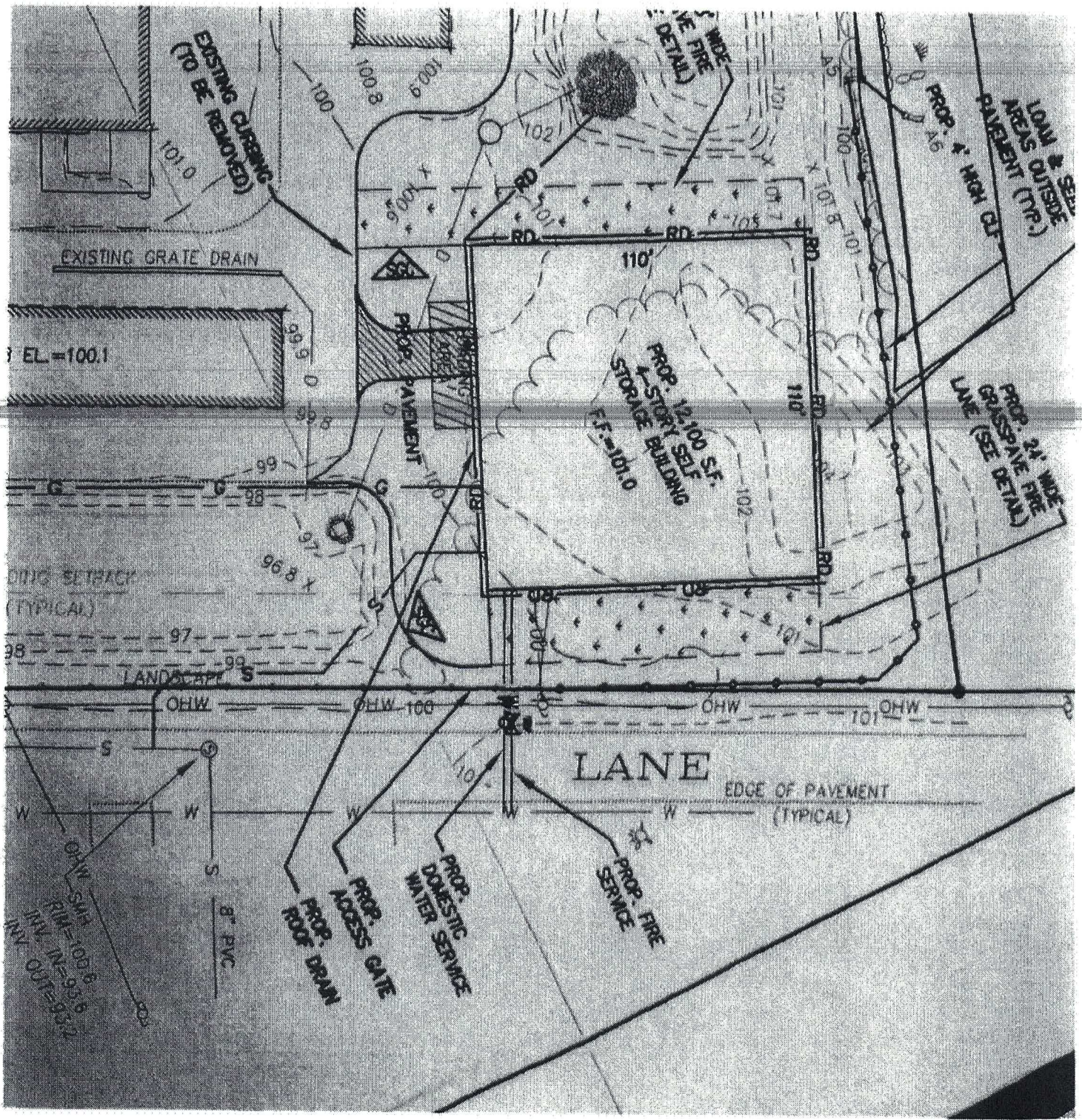
Board of Water Commissioners

REASON FOR DENIAL: _____

(Chairman)

Curtis Slayton
 Water Superintendent _____ Date _____

AMOUNT PAID: \$1300 CASH/CHECK # 13030 DATE RECEIVED 7-17-24 BY MS



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