



# 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: 9/4/24

APPLICANT NAME/CORPORATION <u>Deborah A Johnston</u>		LANDOWNER/BILLING NAME <u>Same</u>	
APPLICANT ADDRESS <u>93 Viola Circle</u>		BILLING ADDRESS	HOME/WORK PHONE
CITY/STATE <u>Seabrook NH</u>	ZIP CODE <u>03874</u>	CITY/STATE	WORK/OTHER PHONE
E-MAIL ADDRESS OF APPLICANT <u>debc@icloud.com</u>		E-MAIL ADDRESS OF LANDOWNER	

SERVICE ADDRESS: 93 Viola Circle ASSESSOR'S MAP-LOT-SEQ: \_\_\_\_\_

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

MOBILE/MANUFACTURED HOME  COMMERCIAL  INDUSTRIAL  (Please Describe) Cape Cod/Red

*Emergency Repair*

\*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: 2200

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>2</u>	JACUZZI TUBS	<input type="checkbox"/>	DISHWASHERS	<input checked="" type="checkbox"/>	CLOTHES WASHERS	<input type="checkbox"/>
TUBS ONLY	<input type="checkbox"/>	TOILETS	<input type="checkbox"/>	SINKS	<input checked="" type="checkbox"/>	SINKS	<input type="checkbox"/>
SHOWERS ONLY	<u>1</u>	URINALS	<input type="checkbox"/>		<input type="checkbox"/>		
SINKS	<input type="checkbox"/>	BIDETS	<input type="checkbox"/>		<input type="checkbox"/>		
						POOL (SIZE: _____)	
						DESCRIBE: _____	

LAND OWNER'S SIGNATURE

*Deborah A Johnston*

DATE

9/4/24

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

*Deborah A Johnston*

DATE

9/4/24

COUNT #

294485



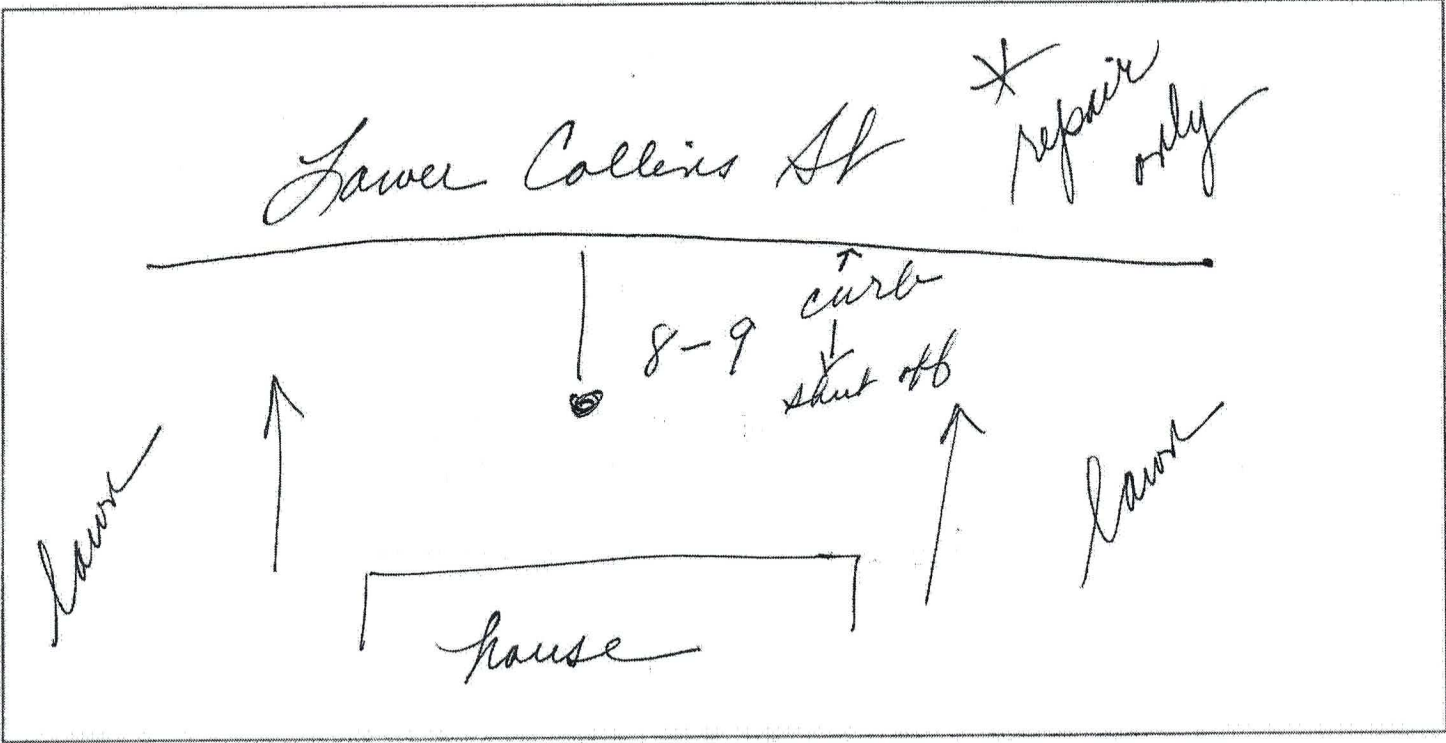


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**WATER SERVICE APPLICATION**

**Service Connection Ties**

Address: 93 Viola Circle, Seabrook, NH

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)

\_\_\_\_\_  
 Water Superintendent

9/6/24  
 Date

AMOUNT PAID \$50 CASH/CHECK 4173 DATE RECEIVED 9-5-24 BY MS