



**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: 9/30/24

APPLICANT NAME/CORPORATION <u>Cote &amp; Foster Cont.</u>			LANDOWNER/BILLING NAME <u>Bob Mercuri, Tina Mercuri</u>		
APPLICANT ADDRESS <u>20 Aegean Drive unit 16</u>			BILLING ADDRESS <u>PO Box 489</u>		
CITY/STATE <u>Manchester</u>	ZIP CODE <u>01844</u>	HOME/WORK PHONE <u>178 6826518</u>	CITY/STATE <u>Chelmsford Ma.</u>	ZIP CODE <u>01824</u>	HOME/WORK PHONE <u>677-593-687</u>
E-MAIL ADDRESS OF APPLICANT <u>Steve &amp; Cote And Foster.com</u>			E-MAIL ADDRESS OF LANDOWNER <u>bobmercuri@air.com</u>		

SERVICE ADDRESS: 332 Ashland St. 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) replace line

*\*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: 3557 TOTAL PARCEL AREA IN SQUARE FEET: scw

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**

<b>BATHROOM:</b>		<b>KITCHEN:</b>		<b>LAUNDRY ROOM:</b>		<b>MISC/OTHER:</b>	
TUBS/SHOWERS	<u>1</u>	JACUZZI TUBS	<u>0</u>	DISHWASHERS	<u>2</u>	CLOTHES WASHERS	<u>2</u>
TUBS ONLY	<u>0</u>	TOILETS	<u>5</u>	SINKS	<u>2</u>	SINKS	<u>0</u>
SHOWERS ONLY	<u>3</u>	URINALS	<u>0</u>				
SINKS	<u>7</u>	BIDETS	<u>0</u>				

HOSEBIBS 2  
BAR SINKS 1  
POOL (SIZE: \_\_\_\_\_)  
DESCRIBE: \_\_\_\_\_

LAND OWNER'S SIGNATURE [Signature] DATE 9/30/24

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 Cote & Foster Cont. OFFICER'S NAME & TITLE (PRINT) Steven M. Cote V.P.

APPLICANT/CORPORATION'S OFFICER SIGNATURE [Signature] DATE 9/30/24

ACCOUNT # 040650



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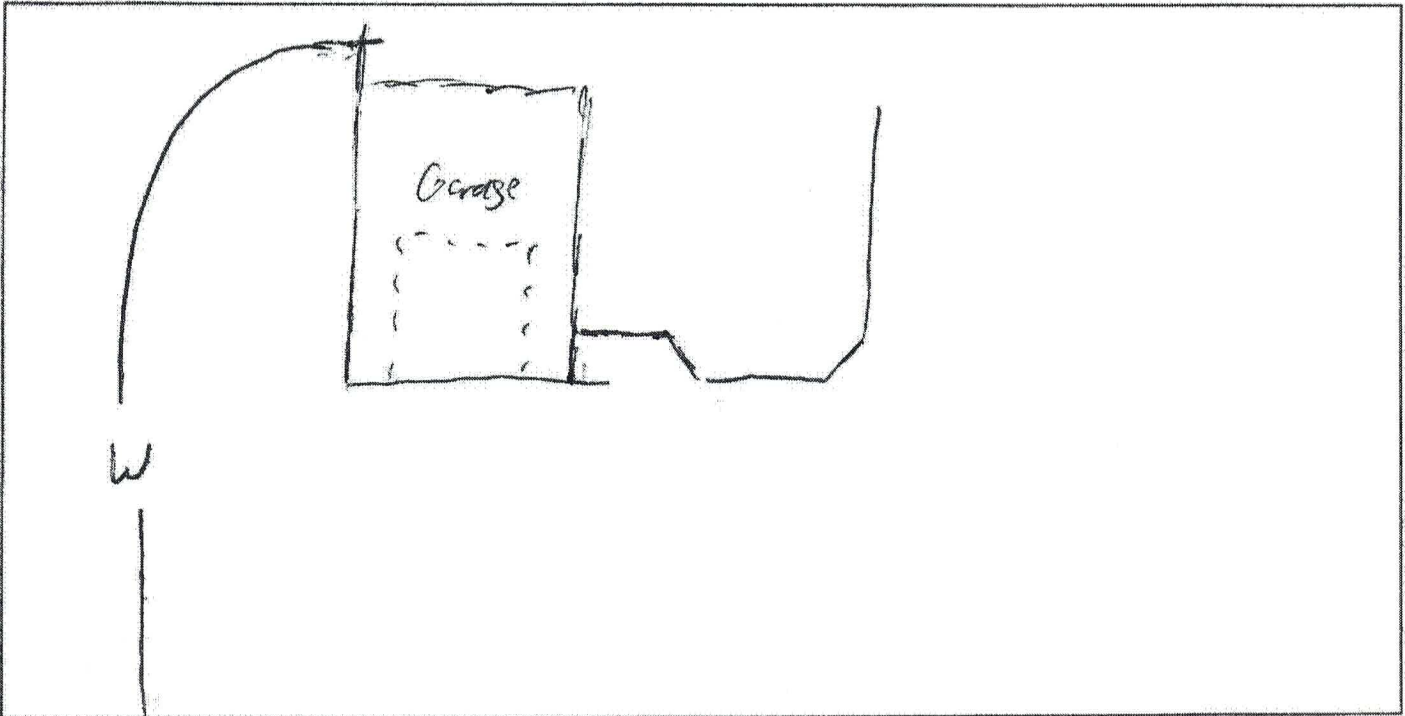
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**WATER SERVICE APPLICATION**

**Service Connection Ties**

Address: 332 Ashland St

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]*  
Water Superintendent

10/7/24  
Date

AMOUNT PAID 850

850

CASH CHECK 1594

1596 Page 2 of 2

DATE RECEIVED 10-1-24

10-3-24

ms

ms