



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 10/31/24

APPLICANT NAME/CORPORATION <u>NICK STAMOS</u>			LANDOWNER/BILLING NAME <u>NICK STAMOS</u>		
APPLICANT ADDRESS <u>531 MANCHESTER ST</u>		HOME/WORK PHONE <u>617 999 0280</u>	BILLING ADDRESS <u>1 Reeves Road</u>		HOME/WORK PHONE <u>617 999 0280</u>
CITY/STATE <u>Seabrook</u>	ZIP CODE <u>03874</u>	WORK/OTHER PHONE	CITY/STATE <u>Belfast</u>	ZIP CODE <u>00730</u>	WORK/OTHER PHONE
E-MAIL ADDRESS OF APPLICANT <u>NICK@FRESHSTARTCORP.NET</u>			E-MAIL ADDRESS OF LANDOWNER <u>NICK@FreshStartCorp.net</u>		

SERVICE ADDRESS: 531 Manchester St Seabrook NH ASSESSOR'S MAP-LOT-SEQ: 21-531

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

MOBILE/MANUFACTURED HOME COMMERCIAL INDUSTRIAL (Please Describe)

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

NO. OF STORIES IN BUILDING: 2.5 BUILDING SIZE IN SQUARE FEET: 2900 TOTAL PARCEL AREA IN SQUARE FEET: 5000

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	CLOTHES WASHERS			HOSEBIBS	
TUBS ONLY	TOILETS	SINKS	SINKS			BAR SINKS	
SHOWERS ONLY	URINALS					POOL (SIZE: _____)	
SINKS	BIDETS					DESCRIBE:	

4 Bathroom home with kitchen, Laundry room with sink.

LAND OWNER'S SIGNATURE *Nick Stamos* DATE 10/31/24

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 Nick Stamos - Fresh Start Contracting OFFICER'S NAME & TITLE (PRINT) Nick Stamos Owner

APPLICANT/CORPORATION'S OFFICER SIGNATURE *Nick Stamos* DATE 10/31/24

ACCOUNT # 098050



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Service Connection Ties

Address: 531 Manchester ST Seabrook NH 03874

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.

Will connect to existing sewer line that has been capped for demo.

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

11/11/24
Date

AMOUNT PAID: \$1195.50

CASH/CHECK # 1234

DATE RECEIVED 11-11-24

BY MS

↑ inter office