



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: January / 9 / 2025

APPLICANT NAME/CORPORATION DeRosa Development Company		
APPLICANT ADDRESS 191 Rockingham Rd.		HOME/WORK PHONE 603.475.0952
CITY/STATE Derry, NH	ZIP CODE 03038	WORK/OTHER PHONE 603.475.0397
E-MAIL ADDRESS OF APPLICANT DDCNE@comcast.net		

LANDOWNER/BILLING NAME SAME		
BILLING ADDRESS		HOME/WORK PHONE
CITY/STATE	ZIP CODE	WORK/OTHER PHONE
E-MAIL ADDRESS OF LANDOWNER		

SERVICE ADDRESS: 38 Rocks Road Unit 1 (Left Side)	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)	
*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: 1685	TOTAL PARCEL AREA IN SQUARE FEET: 34586
FIRE DEPARTMENT REQUIREMENTS	<input checked="" type="radio"/> NONE	SPRINKLE ALL SPRINKLE GARAGE ONLY
FIRE HYDRANTS REQUIRED	<input checked="" type="radio"/> NONE	PUBLIC (NO. OF HYDRANTS) PRIVATE (NO. OF HYDRANTS)
IS THERE A WELL ON THE PROPERTY?	YES <input checked="" type="radio"/> NO	USING RECYCLED WATER? YES <input checked="" type="radio"/> NO
WILL A PUMP BE USED TO BOOST PRESSURE?	YES - FIRE SERVICE YES - DOMESTIC SERVICE NO	
WILL THERE BE LANDSCAPE IRRIGATION?	YES <input checked="" type="radio"/> 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	2	JACUZZI TUBS		DISHWASHERS	1	CLOTHES WASHERS	1
TUBS ONLY		TOILETS	3	SINKS	1	SINKS	
SHOWERS ONLY		URINALS		# OF BEDROOMS:		POOL (SIZE:)	
SINKS	3	BIDETS				DESCRIBE:	

Duplex- Unit 1 (Left Side) 1685 sqft

Unit 2 (Right Side) 1671 sqft

LAND OWNER'S SIGNATURE

Anthony DeRosa

DATE 1-9-2025

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 DEROSA DEVELOPMENT Co.

OFFICER'S NAME & TITLE (PRINT) Anthony DeRosa, Manager

APPLICANT/CORPORATION'S OFFICER SIGNATURE

Anthony DeRosa

DATE 1-9-2025

ACCOUNT #



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

Service Connection Ties

Address: 38 Rocks Road Unit 1 (Left Side)

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.

If new construction, please attach a copy of plans

See plans

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

1/14/25

Date

AMOUNT PAID:

\$3586.50

CASH/CHECK #

2182

DATE RECEIVED

1-10-25

BY

MS

TOWN OF SEABROOK
SEWER DEPARTMENT &
WASTEWATER TREATMENT FACILITY
 PO BOX 456 • WRIGHT'S ISLAND • SEABROOK, NH 03874
 PHONE (603) 474-8012 • FAX (603) 474-8014



APPLICATION FOR SEWER SERVICE

DATE: 1/13/2025

APPLICANT / BUSINESS NAME DeRosa Development Company

SERVICE ADDRESS 38 Rocks Road Unit 1 (Left Side)

MAP 7 LOT 16 SEQ. _____ ZONING DISTRICT R2 IS LOT IN CURRENT USE? Y ☒ N ☐

MAILING ADDRESS 191 Rockingham Rd. CITY Derry STATE NH ZIP 03038

PHONE 603.475.0952 CELL 603.475.0952 EMAIL DDCNE@comcast.net

PROPERTY OWNER (IF DIFFERENT THAN ABOVE) _____ PHONE _____

TYPE OF CONSTRUCTION (CHECK ALL THAT APPLY):

NEW CONSTRUCTION _____ RESIDENTIAL SINGLE- FAMILY _____ RESIDENTIAL MULTI-FAMILY X
 CONDO _____ MOBILE/MANUFACTURED HOME _____ COMMERCIAL _____ INDUSTRIAL _____
 OTHER (PLEASE DESCRIBE): _____

BUILDING SIZE (IN SQUARE FEET) Unit 1(Left Side): 1685 sqft

COMMENTS (IF APPLICABLE PLEASE LIST NO. OF BUILDINGS AND NO. OF UNITS):

Duplex- Unit 1 (Left Side) 1685 sqft
Unit 2 (Right Side) 1671 sqft

BATHROOM		KITCHEN		LAUNDRY		MISC	
SHOWER/TUB COMBO	<u>2</u>	SINKS	<u>3</u>	SINKS	<u>1</u>	WASHING MACHINE	<u>1</u>
BATHTUB		TOILETS	<u>3</u>	DISHWASHER	<u>1</u>	SINKS	
SHOWER		URINALS		OTHER		OTHER	
OVERSIZED BATHTUB (EX: JACUZZI, SOAKER)		BIDET				POOL (SIZE)	

PROPERTY OWNER SIGNATURE [Signature] DATE: 1/13/2025

APPLICANT / CORPORATION OFFICER SIGNATURE [Signature] DATE: 1/13/2025

CORPORATION NAME: DeRosa Development Company

OFFICERS NAME & TITLE (print) Anthony DeRosa, Manager

I, Anthony DeRosa agree that I will not hold the Seabrook Sewer Department
 responsible for any damages to my property, which may be incurred during, or as a result of the sewer service
 installation.

[Signature]
 Property Owner or Agent with Power of Attorney (Signature)

AMOUNT PAID \$570.50 CASH / CHECK # 2182 DATE RECEIVED 1-10-25 BY MS

TOWN OF SEABROOK
SEWER DEPARTMENT &
WASTEWATER TREATMENT FACILITY
PO BOX 456 • WRIGHT'S ISLAND • SEABROOK, NH 03874
PHONE (603) 474-8012 • FAX (603) 474-8014



House Service Connection Ties

Address: 38 Rocks Rd. Unit 1 (Left Side)

Map: 7

Lot : 16

Seq:

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 water lines on the property:

*see plans

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. The Town of Seabrook shall inspect and certify the plumbing, including the underground piping (before backfilling), prior to connection to the Town of Seabrook's sewer system.

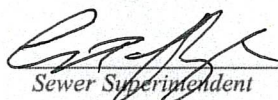
--OFFICE USE ONLY--

GRANTED _____ DENIED _____ DATE _____

Board of Sewer Commissioners

REASON FOR DENIAL: _____

(CHAIRMAN)


Sewer Superintendent

11/14/25
Date

AMOUNT PAID 85701.50 CASH / CHECK # 2182 DATE RECEIVED 1-18-25 BY MS