



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:

1-19-25

APPLICANT NAME/CORPORATION

Buster Souther

LANDOWNER/BILLING NAME

Buster Souther

APPLICANT ADDRESS

15 ROCKS Rd

HOME/WORK PHONE

BILLING ADDRESS

15 ROCKS Rd

HOME/WORK PHONE

CITY/STATE

Seabrook NH

ZIP CODE

03874 (603) 944-7154

WORK/OTHER PHONE

CITY/STATE

Seabrook NH

ZIP CODE

03874 (603) 944-7154

WORK/OTHER PHONE

E-MAIL ADDRESS OF APPLICANT

E-MAIL ADDRESS OF LANDOWNER

SERVICE ADDRESS:

14 Kelly Mill Rd

ASSESSOR'S MAP-LOT-SEQ:

9-161

TYPE OF CONSTRUCTION: (Check All That Apply)

NEW CONSTRUCTION

RESIDENTIAL

SINGLE FAMILY

MULTI-FAMILY

CONDO

MOBILE/MANUFACTURED HOME

COMMERCIAL

INDUSTRIAL

(Please Describe)

Emergency Line Replacement

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

NO. OF STORIES IN BUILDING:

1 1/2

BUILDING SIZE IN SQUARE FEET:

TOTAL PARCEL AREA IN SQUARE FEET:

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:

TUBS/SHOWERS

1

JACUZZI TUBS

TUBS ONLY

TOILETS

1

SHOWERS ONLY

URINALS

SINKS

BIDETS

KITCHEN:

DISHWASHERS

SINKS

1

LAUNDRY ROOM:

CLOTHES WASHERS

1

SINKS

OF BEDROOMS:

2

MISC/OTHER:

HOSEBIBS

BAR SINKS

POOL (SIZE:)

DESCRIBE:

LAND OWNER'S SIGNATURE

DATE

1-9-25

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

DATE

1-9-25

ACCOUNT # 015050

pd. \$100.00 Cash



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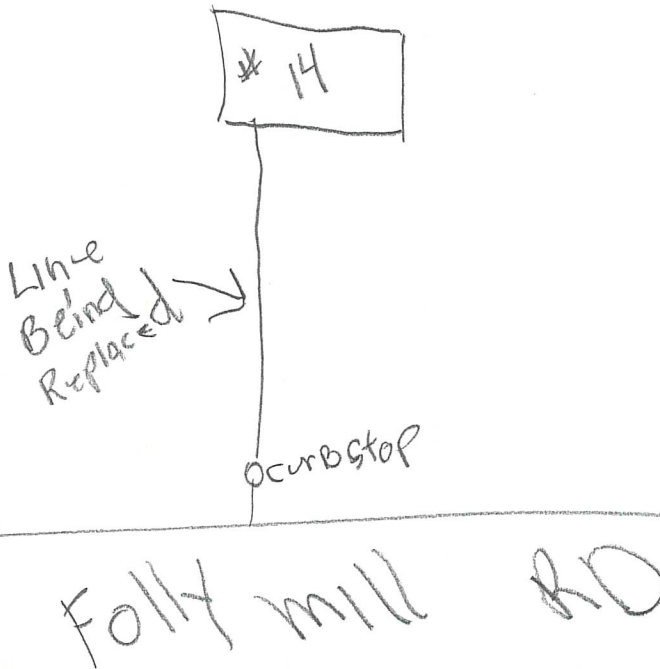
Service Connection Ties

Address:

14 Folly Mill 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.

If new construction, please attach a copy of 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)

George M. Etna
Water Superintendent

1/14/25
Date

AMOUNT PAID: 100.00

CASH/CHECK # _____

DATE RECEIVED 1/9/25

BY [Signature]