



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 2 (Right 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: 1671

TOTAL PARCEL AREA IN SQUARE FEET: 34586

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	2	JACUZZI TUBS		CLOTHES WASHERS	1	HOSEBIBS	
TUBS ONLY		TOILETS	3	SINKS		BAR 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

[Signature]

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

[Signature]

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 2 (Right 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

11/14/25

Date

AMOUNT PAID: \$100

CASH/CHECK # 2183

DATE RECEIVED 1-10-25

BY AVO

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 2 (Right 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 2(Right Side): 1671 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

FIXTURE COUNT

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

PROPERTY OWNER SIGNATURE _____

DATE: 1/13/2025

APPLICANT / CORPORATION OFFICER 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.

Property Owner or Agent with Power of Attorney (Signature)

AMOUNT PAID \$100 CASH / CHECK # 2183 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 2 (Right 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:

Blank area for sketch of service connection, street, house, and water lines.

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)

[Signature]
Sewer Superintendent

11/14/25
Date

AMOUNT PAID \$100 CASH / CHECK # 2183 DATE RECEIVED 1-10-25 BY MS