



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: 2/25/2025

APPLICANT NAME/CORPORATION: PCS LLC			LANDOWNER/BILLING NAME: PCS LLC		
APPLICANT ADDRESS: 95 Ledge Road, Units 7 & 8			BILLING ADDRESS: PO Box 307		
HOME PHONE:			HOME PHONE:		
CITY: Seabrook, NH	ZIP CODE: 03874	WORK/OTHER PHONE: 603-842-2964	CITY: Seabrook, NH	ZIP CODE: 03874	WORK/OTHER PHONE: 603-580-5744
E-MAIL ADDRESS OF APPLICANT: randy@dependablecontrolsservices.com			E-MAIL ADDRESS OF LANDOWNER: randy@dependablecontrolsservices.com		

SERVICE ADDRESS: 95 Ledge Road, Units 7 & 8, Seabrook, NH 03874				ASSESSOR'S MAP-LOT-SEQ:
TYPE OF CONSTRUCTION: (Check All That Apply)				
MOBILE/MANUFACTURED HOME	COMMERCIAL	☒ INDUSTRIAL	RESIDENTIAL	SINGLE FAMILY
			MULTI-FAMILY	☒ CONDO
OTHER (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: 12000	TOTAL PARCEL AREA IN SQUARE FEET: 3000
FIRE DEPARTMENT REQUIREMENTS: NONE	SPRINKLE ALL	SPRINKLE GARAGE ONLY
FIRE HYDRANTS REQUIRED: NONE	PUBLIC (NO. OF HYDRANTS 0)	PRIVATE (NO. OF HYDRANTS 0)
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: Office for electrical contractor		

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

FIXTURE UNIT COUNT - COMPLETE THE QUANTITY OF THE FOLLOWING

BATHROOM:		KITCHEN:		LAUNDRY ROOM: n/a	MISC/OTHER: n/a
TUBS/SHOWERS	JACUZZI TUBS	DISHWASHERS	CLOTHES WASHERS	HOSE BIBS	POOL (SIZE: _____) DESCRIBE: _____
TUBS ONLY	TOILETS 2	SINKS 1	SINKS	BAR SINKS	
SHOWERS ONLY 1	URINALS				
SINKS 2	BIDETS				

ADDITIONAL COMMENTS (IF APPLICABLE, LIST NO. OF BUILDINGS AND NO. IN EACH BUILDING)

1 building, 8 units; this application is for units 7 & 8 only (1 meter); add 1 meter for units 7 & 8 only

LAND OWNER'S SIGNATURE

DATE: 2/25/2025

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 **PCS LLC**

OFFICER'S NAME & TITLE (PRINT) **Randy Furmanick, Member**

APPLICANT/CORPORATION'S OFFICER SIGNATURE

DATE: 2/25/2025



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Service Connection Ties

Address: 95 Ledge Road, Units 7 & 8, Seabrook, NH

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.

This application is to add a meter for units 7 & 8 only in order to meter separately from the rest of the building and other units.

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

2/26/25
Date

AMOUNT PAID: \$50

CASH/CHECK # 1003

DATE RECEIVED 2-26-25

BY MS