



# 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:

3/31/2025

APPLICANT NAME/CORPORATION

Lee Ann Waterman

APPLICANT ADDRESS

3 Fowler Brook Rd

CITY/STATE

Seabrook, NH

E-MAIL ADDRESS OF APPLICANT

Lwaterman623@gmail.com

HOME/WORK PHONE

603-793-1668

WORK/OTHER PHONE

978-491-8537

(Seabrook)

LANDOWNER/BILLING NAME

" "

BILLING ADDRESS

" "

CITY/STATE

" "

E-MAIL ADDRESS OF LANDOWNER

" "

HOME/WORK PHONE

WORK/OTHER PHONE

SERVICE ADDRESS:

3 Fowler Brook Rd

ASSESSOR'S MAP LOT SEQ:

13-16-30

TYPE OF CONSTRUCTION: (Check All That Apply)

NEW CONSTRUCTION

RESIDENTIAL

SINGLE FAMILY

MULTI-FAMILY

CONDO

MOBILE/MANUFACTURED HOME

COMMERCIAL

INDUSTRIAL

(Please Describe)

Change to existing

\*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:

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

JACUZZI TUBS

TUBS ONLY

TOILETS

SHOWERS ONLY

URINALS

SINKS

BIDETS

KITCHEN:

DISHWASHERS

SINKS

LAUNDRY ROOM:

CLOTHES WASHERS

SINKS

# OF BEDROOMS:

MISC/OTHER:

HOSEBIBS

BAR SINKS

POOL (SIZE: )

DESCRIBE:

LAND OWNER'S SIGNATURE

Lee Ann Waterman

DATE 3-31-25

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

ACCOUNT #

070220





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## WATER SERVICE APPLICATION

### Service Connection Ties

Address: 3 Fowler Brook 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"

SEE ATTACHED

### 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

4/1/25  
Date

AMOUNT PAID

50.00

CASH/CHECK #

410

DATE RECEIVED

3/31/25

BY

AD

