



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: 3/18/2025

APPLICANT NAME/CORPORATION <u>Philip Francisco</u>	
APPLICANT ADDRESS <u>225 Lower Collins St</u>	HOME/WORK PHONE <u>978-270-6824</u>
CITY/STATE <u>Seabrook, NH</u>	ZIP CODE <u>03874</u>
E-MAIL ADDRESS OF APPLICANT <u>Pfrancisco22@gmail.com</u>	

LANDOWNER/BILLING NAME <u>Estate of Edwin F Adams</u>	
BILLING ADDRESS <u>495 Lafayette Rd</u>	HOME/WORK PHONE
CITY/STATE <u>Hampton NH</u>	ZIP CODE <u>03842</u>
WORK/OTHER PHONE <u>603-926-6336</u>	
E-MAIL ADDRESS OF LANDOWNER <u>amyadamsmclaughlin2011@gmail.com</u>	

SERVICE ADDRESS: <u>35 Brooks Rd Ext Unit B</u>	ASSESSOR'S MAP-LOT-SEQ: <u>10-55-6</u>
TYPE OF CONSTRUCTION: (Check All That Apply)	RESIDENTIAL <input checked="" type="radio"/> SINGLE FAMILY <input type="radio"/> MULTI-FAMILY <input type="radio"/> CONDO <input type="radio"/>
MOBILE/MANUFACTURED HOME <input type="radio"/> COMMERCIAL <input type="radio"/> INDUSTRIAL <input type="radio"/>	(Please Describe) <u>1 Duplex w/ 2 units</u>
*UNDER 'ADDITIONAL COMMENTS' SECTION, LIST NO. OF BUILDINGS AND NO. OF UNITS IN EACH BUILDING, IF APPLICABLE <u>New Service</u>	

NO. OF STORIES IN BUILDING: <u>3</u>	BUILDING SIZE IN SQUARE FEET: <u>1850 sq ft</u>	TOTAL PARCEL AREA IN SQUARE FEET: <u>32,235 sq ft</u>
FIRE DEPARTMENT REQUIREMENTS <input checked="" type="radio"/> NONE	SPRINKLE ALL <input type="radio"/> SPRINKLE GARAGE ONLY <input type="radio"/>	
FIRE HYDRANTS REQUIRED <input checked="" type="radio"/> NONE	PUBLIC (NO. OF HYDRANTS <u> </u>)	PRIVATE (NO. OF HYDRANTS <u> </u>)
IS THERE A WELL ON THE PROPERTY? <input checked="" type="radio"/> YES	USING RECYCLED WATER? <input checked="" type="radio"/> YES <input type="radio"/> NO	
WILL A PUMP BE USED TO BOOST PRESSURE? <input checked="" type="radio"/> YES - FIRE SERVICE	YES - DOMESTIC SERVICE <input checked="" type="radio"/> NO	
WILL THERE BE LANDSCAPE IRRIGATION? <input checked="" type="radio"/> YES	IF YES, NUMBER OF SPRINKLER HEADS: <u> </u>	
FLOW OF EACH SPRINKLER HEAD IN GPM: <u> </u>	TOTAL IRRIGATED AREA IN SQUARE FEET: <u> </u>	
IF NON-RESIDENTIAL, DESCRIBE BUSINESS TYPE OR USAGE OF LOT: <u> </u>		

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 <u>2</u>	JACUZZI TUBS <u> </u>	DISHWASHERS <u>1</u>	CLOTHES WASHERS <u>1</u>			HOSEBIBS <u>2</u>	
TUBS ONLY <u> </u>	TOILETS <u>3</u>	SINKS <u>1</u>	SINKS <u> </u>			BAR SINKS <u> </u>	
SHOWERS ONLY <u> </u>	URINALS <u> </u>		# OF BEDROOMS: <u>3</u>			POOL (SIZE: <u> </u>)	
SINKS <u>3</u>	BIDETS <u> </u>					DESCRIBE: <u> </u>	

LAND OWNER'S SIGNATURE

DATE 3-18-2025

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 1 YEAR AFTER ANY REVIEW BY THE BOARD OF SELECTMEN AND THE FEE WILL BE NON-REFUNDABLE.

CORPORATION NAME

OFFICER'S NAME & TITLE (PRINT)

APPLICANT/CORPORATION'S OFFICER SIGNATURE

DATE 3-18-2025

ACCOUNT # 001375



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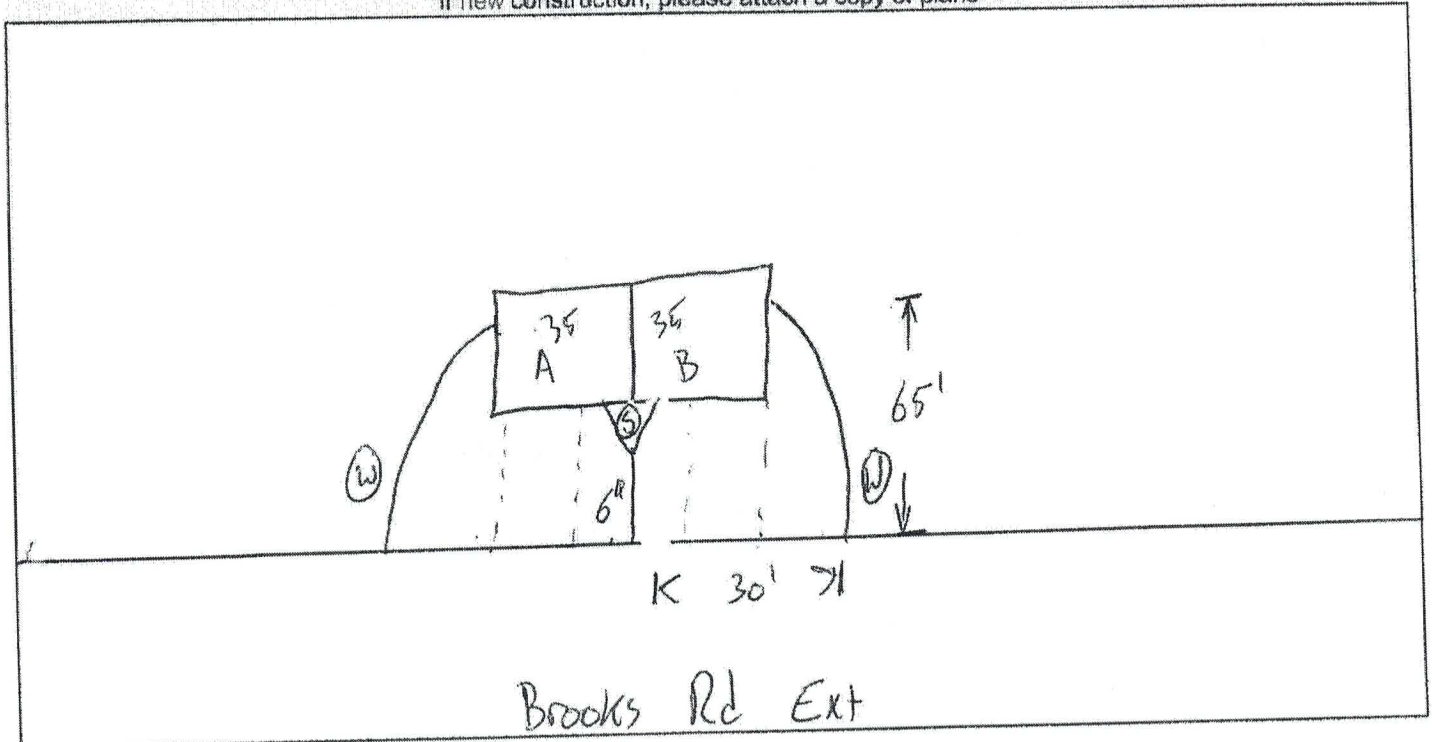
WATER SERVICE APPLICATION

Service Connection Ties

Address: 35 Brooks Rd Ext Unit B

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)

[Signature]
Water Superintendent

3/18/25
Date

AMOUNT PAID:

3586.50

CASH/CHECK #

2017

DATE RECEIVED

3/18

BY

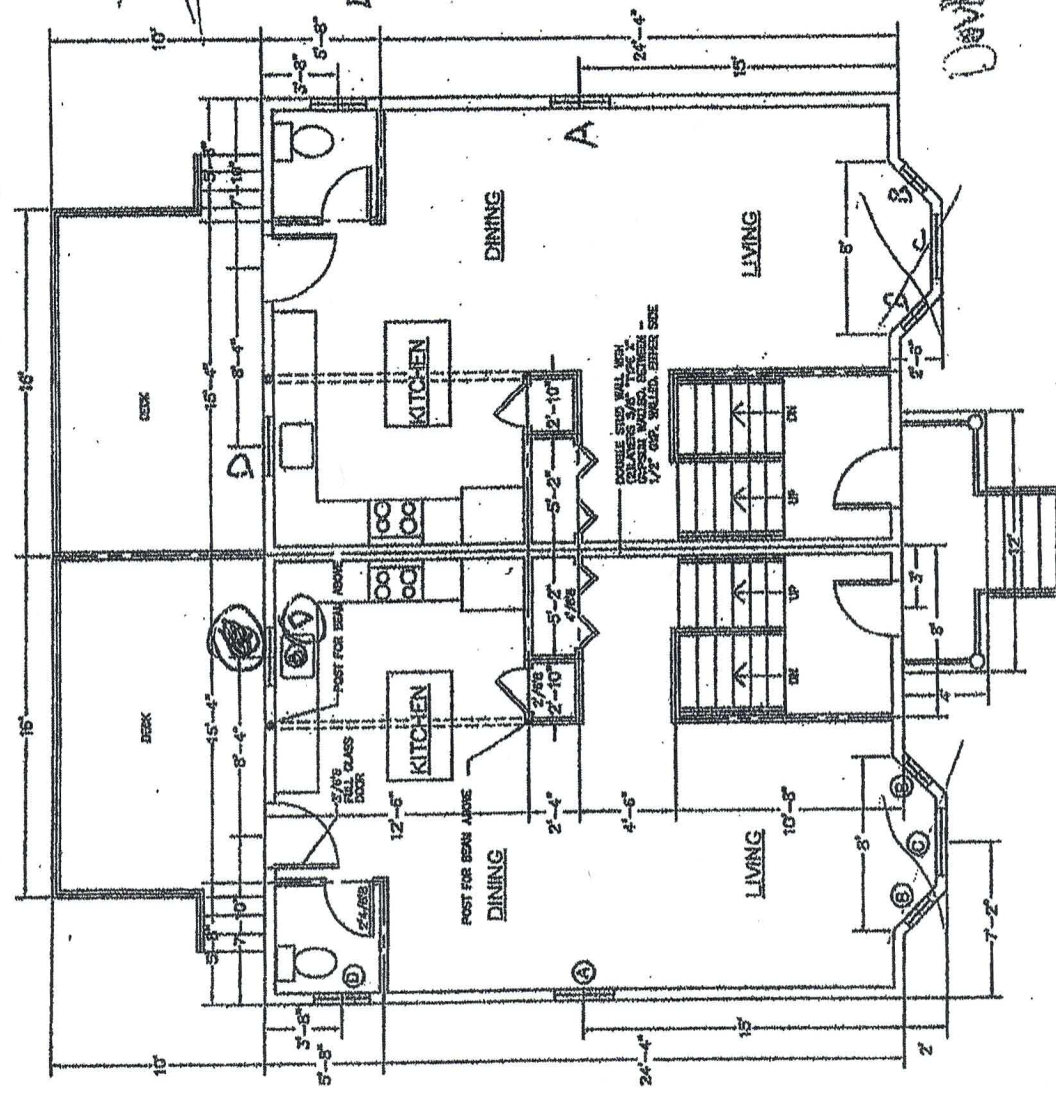
OP

180's

A-
B-
C-
D-
E-
ENTRY

MODEL NUMBERS SHOWN ARE FOR THESE AS MANUFACTURED BY ANDERSEN

No.	Model	Type	R.O.
A	2846	DH	2-8 1/2"
B	2846	DH	2-8 1/2"
C	3046	DH	2-8 1/2"
D	2832	DH	2-8 1/2"
E	AC021	AWING	2-8 1/2"



Double A

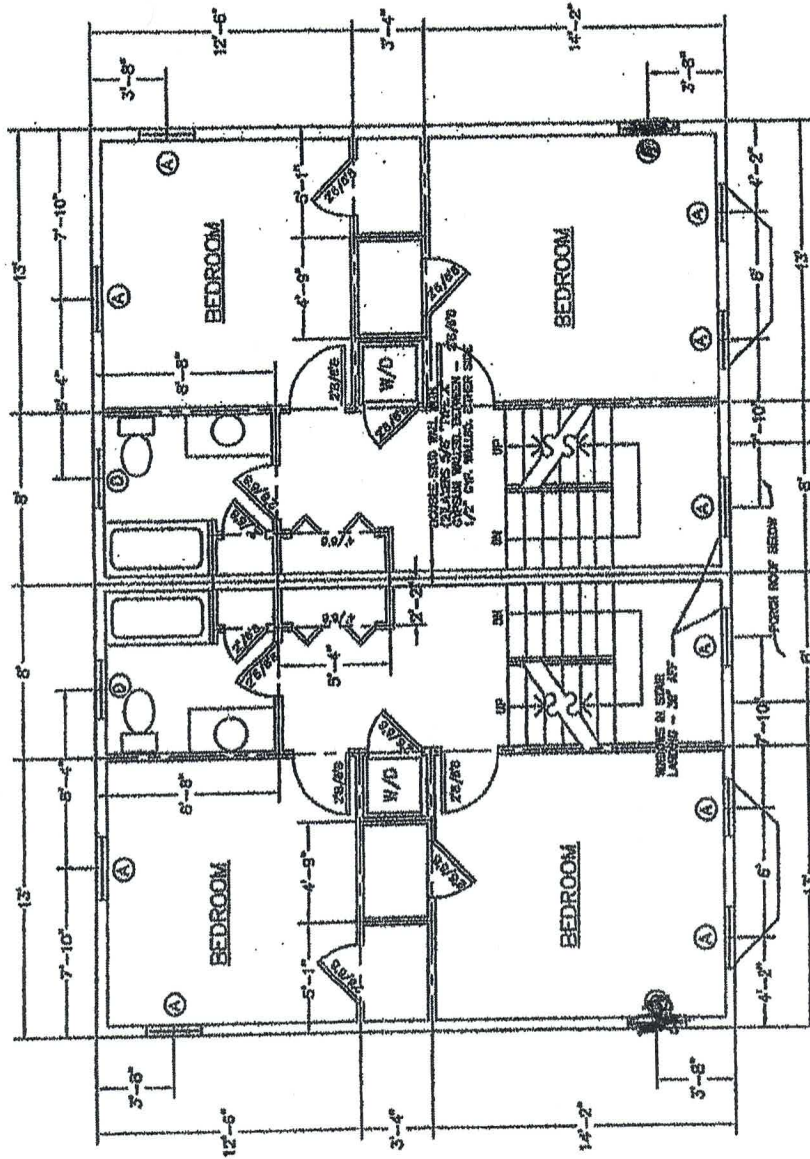
FIRST FLOOR PLAN
1/4" = 1'-0"

APRIL 10, 2009

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PROPOSED NEW TWO FAMILY CONSTRUCTION
—, MA.

DRAWN BY:
MARSHA MACINNIS
53 REGENT AVE.
BRAINTON, MA. 01835
(978)374-8719



SECOND FLOOR PLAN
1/4"=1'-0"

MADE IN MASSACHUSETTS BY ANDREWS

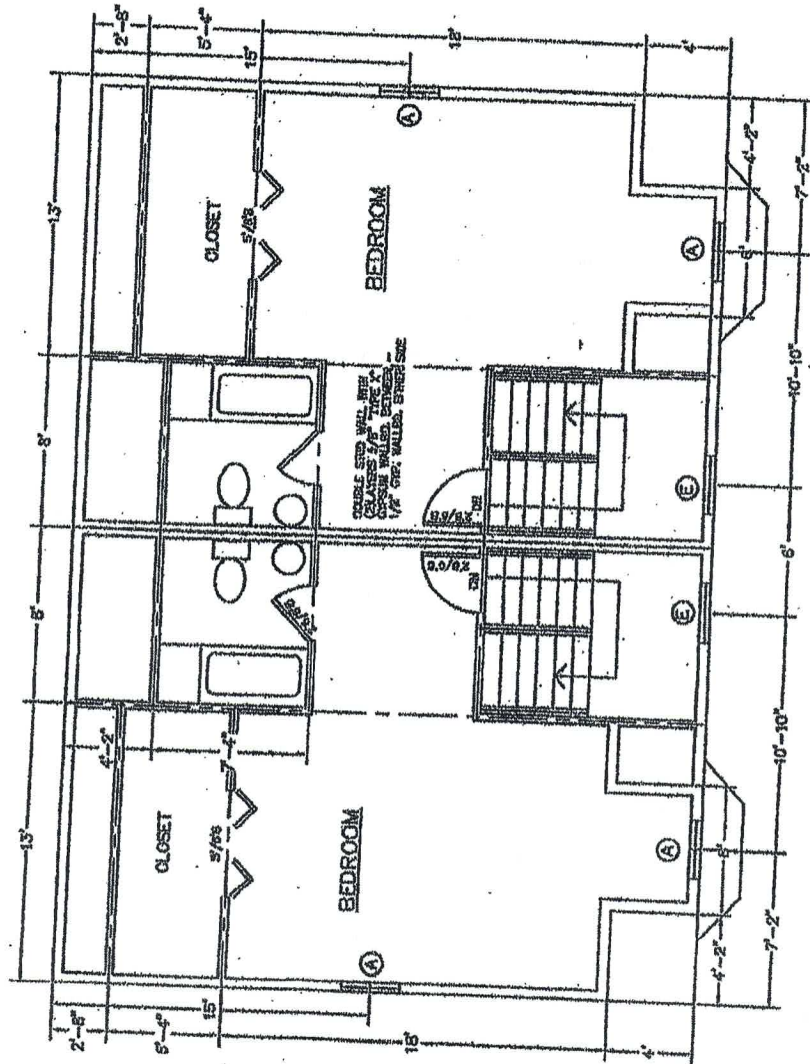
No.	Model	Type	R.O.
A	2846	DH	2'8 1/2" x 2'8 1/2"
B	2046	DH	2'8 1/2" x 2'8 1/2"
C	3046	DH	2'8 1/2" x 2'8 1/2"
D	2532	DH	2'8 1/2" x 2'8 1/2"
E	AX251	Arrang	2'8 1/2" x 2'8 1/2"

APRIL 10, 2009

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PROPOSED NEW TWO FAMILY CONSTRUCTION
MA.

DRAWN BY:
MARtha MACINNIS
58 REGENT AVE.
BRADFORD, MA. 01535
(508)374-8719



MODEL NUMBERS SHOWN ARE
NOT TO BE USED AS MANUFACTURED
BY ANY OTHER

WINDOW SCHEDULE				
No.	Model	Type	R.O.	
A	2046	DH	2'-0" x 6'-0"	
B	2046	DH	2'-0" x 6'-0"	
C	3046	DH	2'-0" x 6'-0"	
D	2832	DH	2'-0" x 6'-0"	
E	AX201	Awning	2'-0" x 6'-0"	

THIRD FLOOR PLAN
1/4" = 1'-0"

DESIGNED BY:
ARTHUR MACHINIS
3 REGENT AVE.
BOSTON, MA, 01835
(617) 574-8719

PROPOSED NEW TWO FAMILY CONSTRUCTION
MA.

APRIL 10, 2009

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