



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

BUILDING & HEALTH

APR 25 2025

Town of Seabrook, NH

APPLICANT INFO SAME AS LANDOWNER?

YES

NO

DATE:

4/25/2025

APPLICANT NAME/CORPORATION

Carole Matte

APPLICANT ADDRESS

1710 Beach Rd #63

HOME/WORK PHONE

617-717-8849

CITY/STATE

Salisbury, MA

ZIP CODE

01952

WORK/OTHER PHONE

617-717-8849

E-MAIL ADDRESS OF APPLICANT

Carole.matte@mail.com

LANDOWNER/BILLING NAME

Marilyn Haley

BILLING ADDRESS

4 Elderberry Lane #201

HOME/WORK PHONE

CITY/STATE

Reading, MA

ZIP CODE

01867

WORK/OTHER PHONE

E-MAIL ADDRESS OF LANDOWNER

N/A

SERVICE ADDRESS:

245 Ashland Street

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)

Emergency Pipe Rep

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

NO. OF STORIES IN BUILDING:

1

BUILDING SIZE IN SQUARE FEET:

5,000

TOTAL PARCEL AREA IN SQUARE FEET:

5,000

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	0
TUBS ONLY		TOILETS	1
SHOWERS ONLY		URINALS	
SINKS	1	BIDETS	

KITCHEN:

DISHWASHERS	0
SINKS	1

LAUNDRY ROOM:

CLOTHES WASHERS	
SINKS	2
# OF BEDROOMS:	3

MISC/OTHER:

HOSEBIBS	
BAR SINKS	
POOL (SIZE:)	
DESCRIBE:	

LAND OWNER'S SIGNATURE

Carole Matte

DATE

4/25/25

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 # 095850



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WATER SERVICE APPLICATION

Service Connection Ties

Address: _____

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)

Water Superintendent

4/29/25
Date

AMOUNT PAID: \$100.00

CASH/CHECK # 185

DATE RECEIVED 4/29/25

BY