



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? <input checked="" type="radio"/> YES <input type="radio"/> NO		DATE <u>4/19/2025</u>	
APPLICANT NAME/CORPORATION <u>Valerie Fowler</u>		LANDOWNER/BILLING NAME <u>Valerie L. Fowler</u>	
APPLICANT ADDRESS <u>79 Centennial St</u>		BILLING ADDRESS <u>79 Centennial St</u>	
CITY/STATE <u>Seabrook NH</u>	ZIP CODE <u>03874</u>	CITY/STATE <u>Seabrook NH</u>	ZIP CODE <u>03874</u>
HOME/WORK PHONE <u>603-231-9633</u>		HOME/WORK PHONE	
WORK/OTHER PHONE		WORK/OTHER PHONE	
E-MAIL ADDRESS OF APPLICANT		E-MAIL ADDRESS OF LANDOWNER	

SERVICE ADDRESS: <u>73 Collins St</u>	ASSESSOR'S MAP LOT SEQ: <u>10-81-3</u>
TYPE OF CONSTRUCTION: (Check All That Apply) <input checked="" type="radio"/> NEW CONSTRUCTION <input checked="" type="radio"/> RESIDENTIAL <input type="radio"/> SINGLE FAMILY <input type="radio"/> MULTI-FAMILY <input type="radio"/> CONDO	
MOBILE/MANUFACTURED HOME <input type="radio"/> COMMERCIAL <input type="radio"/> INDUSTRIAL <input type="radio"/> (Please Describe) <u>New Water Line</u>	
*UNDER 'ADDITIONAL COMMENTS' SECTION, LIST NO. OF BUILDINGS AND NO. OF UNITS IN EACH BUILDING, IF APPLICABLE	

in order to have separate meters

NO. OF STORIES IN BUILDING: _____	BUILDING SIZE IN SQUARE FEET: _____	TOTAL PARCEL AREA IN SQUARE FEET: _____
FIRE DEPARTMENT REQUIREMENTS	NONE <input type="checkbox"/> SPRINKLE ALL <input type="checkbox"/> SPRINKLE GARAGE ONLY <input type="checkbox"/>	
FIRE HYDRANTS REQUIRED	NONE <input type="checkbox"/> PUBLIC (NO. OF HYDRANTS _____) PRIVATE (NO. OF HYDRANTS _____)	
IS THERE A WELL ON THE PROPERTY?	YES <input type="checkbox"/> NO <input type="checkbox"/>	USING RECYCLED WATER? YES <input type="checkbox"/> NO <input type="checkbox"/>
WILL A PUMP BE USED TO BOOST PRESSURE?	YES - FIRE SERVICE <input type="checkbox"/> YES - DOMESTIC SERVICE <input type="checkbox"/> NO <input type="checkbox"/>	
WILL THERE BE LANDSCAPE IRRIGATION?	YES <input type="checkbox"/> NO <input type="checkbox"/> 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	JACUZZI/TUBS	DISHWASHERS	CLOTHES WASHERS		HOSE BIBS		
TUBS ONLY	TOILETS	SINKS	SINKS		BAR SINKS		
SHOWERS ONLY	URINALS		# OF BEDROOMS:		POOL (SIZE: _____)		
SINKS	BIDETS				DESCRIBE:		

LAND OWNER'S SIGNATURE Valerie L. Fowler DATE 4-19-25

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# 184950



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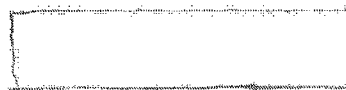
WATER SERVICE APPLICATION

Service Connection Ties

Address: 73 Collins St

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



Collins St

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

Date _____

AMOUNT PAID

\$ 100.00

CASH/CHECK

Cash

DATE RECEIVED

4/21/25

BY

[Signature]