



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: 5/12/25

APPLICANT NAME/CORPORATION

HAROLD W HEWLETT Jr
APPLICANT ADDRESS
196 SO MAIN ST
CITY/STATE
SEABROOK NH
ZIP CODE
03874
HOME/WORK PHONE
474-3343
WORK/OTHER PHONE
SAME
E-MAIL ADDRESS OF APPLICANT
amayes16@comcast.net

LANDOWNER/BILLING NAME

HAROLD W HEWLETT Jr
BILLING ADDRESS
196 SO. MAIN ST
CITY/STATE
SEABROOK NH
ZIP CODE
03874
HOME/WORK PHONE
474-3343
WORK/OTHER PHONE
SAME
E-MAIL ADDRESS OF LANDOWNER
amayes16@comcast.net

SERVICE ADDRESS:

196 SO. MAIN ST.

ASSESSOR'S MAP-LOT-SEQ:

16-79

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: 850 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:		KITCHEN:		LAUNDRY ROOM:		MISC/OTHER:			
TUBS/SHOWERS	<u>1</u>	JACUZZI TUBS	<u>0</u>	DISHWASHERS	<u>1</u>	CLOTHES WASHERS	<u>1</u>	HOSE/BIBS	<u>0</u>
TUBS ONLY	<u>1</u>	TOILETS	<u>2</u>	SINKS	<u>1</u>	SINKS	<u>0</u>	BAR SINKS	<u>0</u>
SHOWERS ONLY	<u>0</u>	URINALS	<u>0</u>	# OF BEDROOMS:		POOL (SIZE: _____)		DESCRIBE: _____	
SINKS	<u>2</u>	BIDETS	<u>0</u>	<u>4</u>					

LAND OWNER'S SIGNATURE

Harold W Hewlett Jr

DATE

5/12/2025

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

OFFICER'S NAME & TITLE (PRINT)

APPLICANT/CORPORATION'S OFFICER SIGNATURE

DATE

ACCOUNT #

087050



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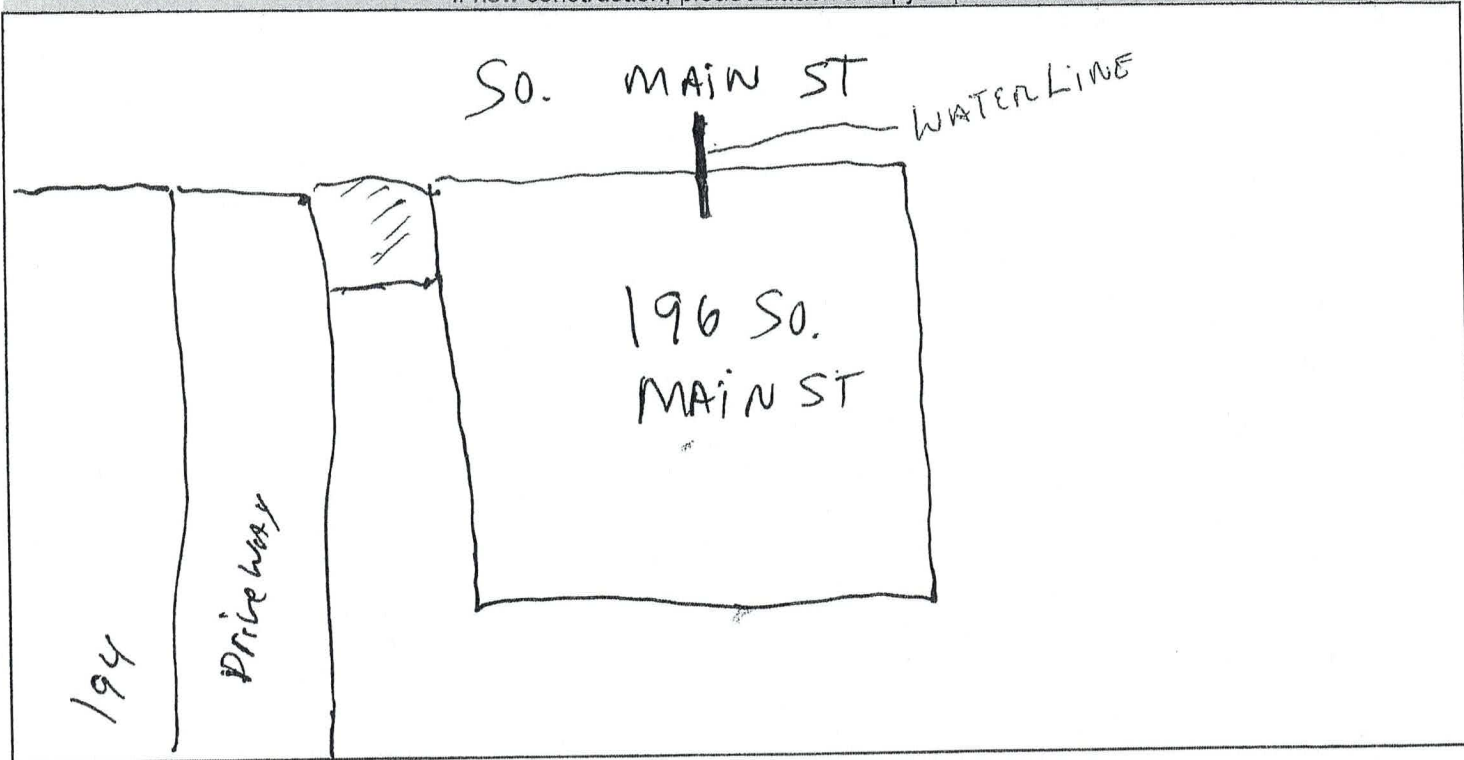
Service Connection Ties

Address:

196 So. MAIN 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



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

5/10/25
Date

AMOUNT PAID: \$408

CASH/CHECK # 362

DATE RECEIVED 5/12/25

BY MS