



# 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

APPLICANT ADDRESS

CITY/STATE

E-MAIL ADDRESS OF APPLICANT

Carole Matte  
170 Beach Rd #63  
Salisbury, MA 01952  
Carole.matte@mail.com

LANDOWNER/BILLING NAME

BILLING ADDRESS

CITY/STATE

E-MAIL ADDRESS OF LANDOWNER

Marilyn Haley  
4 Elderberry Lane #201  
Reading, MA 01867  
N/A

SERVICE ADDRESS:

TYPE OF CONSTRUCTION: (Check All That Apply)

MOBILE/MANUFACTURED HOME

COMMERCIAL

INDUSTRIAL

NEW CONSTRUCTION

RESIDENTIAL

(Please Describe)

SINGLE FAMILY

MULTI-FAMILY

CONDO

\*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

FIRE HYDRANTS REQUIRED

IS THERE A WELL ON THE PROPERTY?

WILL A PUMP BE USED TO BOOST PRESSURE?

WILL THERE BE LANDSCAPE IRRIGATION?

FLOW OF EACH SPRINKLER HEAD IN GPM:

IF NON-RESIDENTIAL, DESCRIBE BUSINESS TYPE OR USAGE OF LOT:

SPRINKLE ALL

SPRINKLE GARAGE ONLY

PUBLIC (NO. OF HYDRANTS)

PRIVATE (NO. OF HYDRANTS)

YES

NO

USING RECYCLED WATER?

YES

NO

YES - FIRE SERVICE

YES - DOMESTIC SERVICE

NO

YES

NO

IF YES, NUMBER OF SPRINKLER HEADS:

TOTAL IRRIGATED AREA IN SQUARE FEET:

### 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	1	DISHWASHERS	0	CLOTHES WASHERS		HOSEBIBS	
TUBS ONLY		SINKS	1	SINKS	2	BAR SINKS	
SHOWERS ONLY				# OF BEDROOMS:	3	POOL (SIZE:)	
SINKS	1					DESCRIBE:	
JACUZZI TUBS	0						
TOILETS	1						
URINALS							
BIDETS							

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