



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: 5/18/25

APPLICANT NAME/CORPORATION Mary Bergeron	
APPLICANT ADDRESS 29 Washington St	HOME/WORK PHONE 603 944-3692
CITY/STATE Seabrook NH	ZIP CODE 03874
E-MAIL ADDRESS OF APPLICANT	

LANDOWNER/BILLING NAME	
BILLING ADDRESS	HOME/WORK PHONE 944-3692
CITY/STATE	ZIP CODE
E-MAIL ADDRESS OF LANDOWNER	

SERVICE ADDRESS: 45 Boynton Lane	ASSESSOR'S MAP-LOT-SEQ: 9-12-1
TYPE OF CONSTRUCTION: (Check All That Apply)	NEW CONSTRUCTION
MOBILE/MANUFACTURED HOME	COMMERCIAL
INDUSTRIAL	RESIDENTIAL
(Please Describe) Emergency Line Replacement	
*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: 1,012	TOTAL PARCEL AREA IN SQUARE FEET: 1,156
FIRE DEPARTMENT REQUIREMENTS	NONE	SPRINKLE ALL
FIRE HYDRANTS REQUIRED	NONE	SPRINKLE GARAGE ONLY
IS THERE A WELL ON THE PROPERTY?	YES	NO
WILL A PUMP BE USED TO BOOST PRESSURE?	YES - FIRE SERVICE	YES - DOMESTIC SERVICE
WILL THERE BE LANDSCAPE IRRIGATION?	YES	NO
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	1	JACUZZI TUBS		DISHWASHERS		CLOTHES WASHERS	
TUBS ONLY		TOILETS	1	SINKS		SINKS	
SHOWERS ONLY		URINALS		# OF BEDROOMS:	2	POOL (SIZE:)	
SINKS	1	BIDETS				DESCRIBE:	

LAND OWNER'S SIGNATURE

DATE

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

Mary E. Bergeron

DATE

5/18/25

ACCOUNT # 059760

pd \$100 Cash



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Service Connection Ties

Address:

45 Boynton Lane

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)

 5/12/25
Water Superintendent Date

AMOUNT PAID:

100.00

CASH/CHECK#

100.00

DATE RECEIVED

5/8/25

BY

