



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: 5/5/25

APPLICANT NAME/CORPORATION

Lori Ebbs

APPLICANT ADDRESS

82 Viola Circle

HOME/WORK PHONE

603-944-2718

CITY/STATE

Seabrook

ZIP CODE

WIH

WORK/OTHER PHONE

0

E-MAIL ADDRESS OF APPLICANT

LANDOWNER/BILLING NAME

Lori Ebbs

BILLING ADDRESS

82754 2nd St NE Apt 202

HOME/WORK PHONE

603-944-2718

CITY/STATE

Hickory NC

ZIP CODE

28601

WORK/OTHER PHONE

E-MAIL ADDRESS OF LANDOWNER

KA.sassy@yahoo.com

SERVICE ADDRESS:

82 Viola Circle

ASSESSOR'S MAP-LOT-SEQ: 14-28-22

TYPE OF CONSTRUCTION: (Check All That Apply)

NEW CONSTRUCTION

RESIDENTIAL

SINGLE FAMILY

MULTI-FAMILY

CONDO

MOBILE/MANUFACTURED HOME

COMMERCIAL

INDUSTRIAL

(Please Describe)

Line Replacement

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

NO. OF STORIES IN BUILDING:

BUILDING SIZE IN SQUARE FEET:

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	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

Lori Ebbs

DATE 5/5/25

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 # 004845



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WATER SERVICE APPLICATION

Service Connection Ties

Address: 82 Viola Circle

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)

[Signature] 5/6/25
Water Superintendent Date

AMOUNT PAID: \$100.00

CASH/CHECK # 1020

DATE RECEIVED 5/5/25

BY [Signature]



↑ water line

VIOLA CERCIE