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: 6/4/25

APPLICANT NAME/CORPORATION			LANDOWNER/BILLING NAME		
Pamela Kimone/Michael Kimone					
APPLICANT ADDRESS		HOME/WORK PHONE	BILLING ADDRESS		HOME/WORK PHONE
53 South main st.		603-502-9038			
CITY/STATE	ZIP CODE	WORK/OTHER PHONE	CITY/STATE	ZIP CODE	WORK/OTHER PHONE
Seabrook, N.H.	03874	—			
E-MAIL ADDRESS OF APPLICANT			E-MAIL ADDRESS OF LANDOWNER		
sashahorg@yahoo.com					

SERVICE ADDRESS: 53 South Main ST ASSESSOR'S MAP-LOT-SEQ:

TYPE OF CONSTRUCTION: (Check All That Apply) NEW CONSTRUCTION (RESIDENTIAL) (SINGLE FAMILY) MULTI-FAMILY CONDO
MOBILE/MANUFACTURED HOME COMMERCIAL INDUSTRIAL (Please Describe) New Line

*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: TOTAL PARCEL AREA IN SQUARE FEET:

FIRE DEPARTMENT REQUIREMENTS (NONE) SPRINKLE ALL SPRINKLE GARAGE ONLY

FIRE HYDRANTS REQUIRED (NONE) PUBLIC (NO. OF HYDRANTS 0) PRIVATE (NO. OF HYDRANTS 0)

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

LAND OWNER'S SIGNATURE Pamela Kimone DATE 06-04-2025

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 # 098150

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WATER SERVICE APPLICATION

Service Connection Ties

Address: 53 S. 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

plans included

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 ____

REASON FOR DENIAL: ____

Board of Water Commissioners

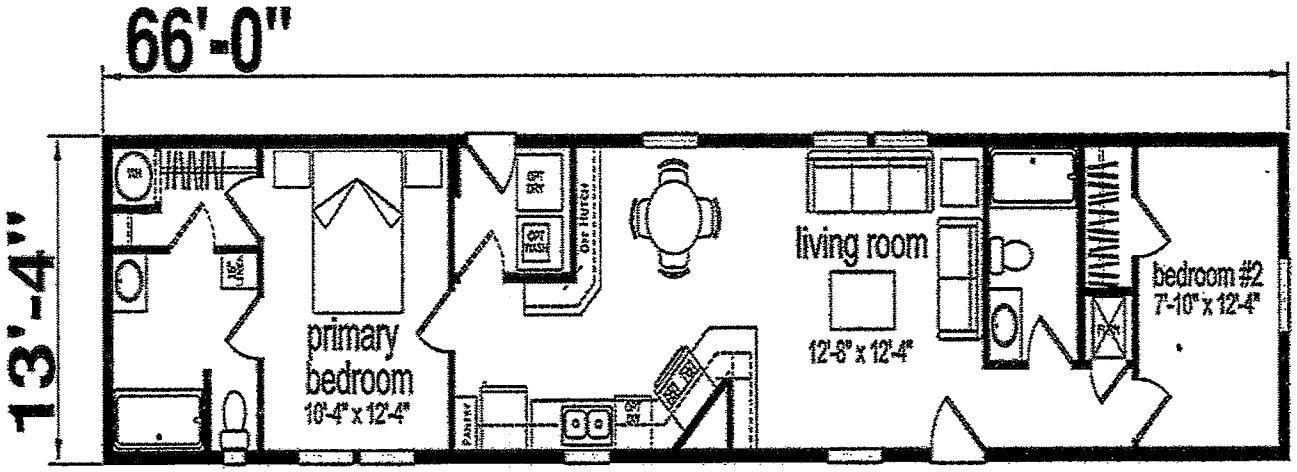
____
(Chairman)

____

____

6/4/25
Water Superintendent *Date*

AMOUNT PAID: $100 CASH OR CHECK #: 3106 DATE RECEIVED: 6-4-25 BY: MS



53 South Main St