



# 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: 6/2/25

APPLICANT NAME/CORPORATION: William Real Estate Dev LLC			LANDOWNER/BILLING NAME		
APPLICANT ADDRESS: P.O. Box 668			BILLING ADDRESS		
CITY: Hampton Falls			CITY		
ZIP CODE			ZIP CODE		
E-MAIL ADDRESS OF APPLICANT: paul@thehamptonre.com			E-MAIL ADDRESS OF LANDOWNER		

SERVICE ADDRESS: 6 Cross beach	ASSESSOR'S MAP-LOT-SEQ:
TYPE OF CONSTRUCTION: (Check All That Apply) <input checked="" type="checkbox"/> NEW CONSTRUCTION <input type="checkbox"/> MOBILE/MANUFACTURED HOME <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> INDUSTRIAL	
RESIDENTIAL <input type="checkbox"/> SINGLE-FAMILY <input type="checkbox"/> MULTI-FAMILY <input type="checkbox"/> CONDO	
OTHER (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: 3	BUILDING SIZE IN SQUARE FEET: 2100	TOTAL PARCEL AREA IN SQUARE FEET:
FIRE DEPARTMENT REQUIREMENTS: <input checked="" type="radio"/> NONE	<input type="radio"/> SPRINKLE ALL	<input type="radio"/> SPRINKLE GARAGE ONLY
FIRE HYDRANTS REQUIRED: <input checked="" type="radio"/> NONE	PUBLIC (NO. OF HYDRANTS: )	PRIVATE (NO. OF HYDRANTS: )
IS THERE A WELL ON THE PROPERTY? YES <input type="radio"/> NO <input checked="" type="radio"/>	USING RECYCLED WATER? YES <input type="radio"/> NO <input type="radio"/>	
WILL A PUMP BE USED TO BOOST PRESSURE? YES <input type="radio"/> NO <input checked="" type="radio"/>	YES - FIRE SERVICE	YES - DOMESTIC SERVICE
WILL THERE BE LANDSCAPE IRRIGATION? YES <input type="radio"/> NO <input checked="" type="radio"/>	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

### 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: 2	TOILETS: 3	SINKS	SINKS		BAR SINKS		
SHOWERS ONLY: 1	URINALS				POOL (SIZE: )		
SINKS	BIDETS			Bedrooms: 3	DESCRIBE:		

ADDITIONAL COMMENTS (IF APPLICABLE, LIST NO. OF BUILDINGS AND NO. IN EACH BUILDING)

3 Bedroom home. Prior Home also 3 Bedroom

LANDOWNER'S SIGNATURE

*[Signature]*

DATE: 6/2/25

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

*[Signature]*

DATE



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### Service Connection Ties

Address: 6 Cross Beach

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.

See Plan

### 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.

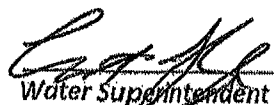
### -OFFICE USE ONLY-

GRANTED \_\_\_\_\_ DENIED \_\_\_\_\_ DATE \_\_\_\_\_

Board of Water Commissioners

REASON FOR DENIAL: \_\_\_\_\_

(Chairman)

  
Water Superintendent

6/3/25

Date

AMOUNT PAID: \$100

CASH/CHECK # 114

DATE RECEIVED 6-2-25

BY MS