TOWN OF SEABROOK PUBLIC WATER SYSTEM

WATER SERVICE APPLICATION

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APPLICANT NAME/CORPOBAL		NO	DATE: LANDOWNER/				
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APPLICANT ADDRESS	· A	ME PHONE	BILLING ADDR	588.	in in the second continue describer of the second continue of the second continued on the second conti	HOME PHONE	
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6941 (94)	al hometon	Talon					
SERVICE ADDRESS:		Legicos	MARKEL AT APA				
		ASSESSOR'S MAP-LOT-SEQ:					
TYPE OF CONSTRUCTION: (Check All That Apply) (NEW CONSTRUCTION) RESIDENTIAL SINGLE FAMILY, MULTI-FAMILY CONDOMOBILE MANUFACTURED HOME COMMERCIAL INDUSTRIAL OTHER (Please Describe) (1800) (1800) (1800)							
"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: 200 TOTAL PARCEL AREA IN SQUARE FEET:							
FIRE DEPARTMENT REQUIREMENTS NOME SPRINKLE ALL SPRINKLE GARAGE ONLY							
FIRE HYDRANTS REQUIRED WONE PUBLIC (NO. OF HYDRANTS PRIVATE (NO. OF HYDRANTS USING RECYCLED WATER? YES NO.							
DE THERE A WELL ON THE PROPERTY? YES NO USING RECYCLED WATER? YES NO VES - 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:							
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POTABLE OR RECYCLED	SERVICE USE	· · ·	LATERAL SIZE	METER SIZE	MAX DEMAND	ANTICIPATED DATE OF	
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ADDITIONAL COMMENTS (IF						4	
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LAND OWNER'S SIGNATURE	nimer from 1 10th		:				
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.							
-psychology/manufactor/sugary-sugary-su	hold the Saabrook Water Departme	nt responsible for any	M o	kan dan mananan kan dan manan dan dan manan dan dan manan dan dan dan dan dan dan dan dan dan	red during, or as a result	DATE (12 / 12 / 12) of the water installation.	
By signing above, I agree I will not	hold the Seabrook Water Departme		/ damages to my proper	ty, which may be incu		of the water inetaliation.	
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TOWN OF SEABROOK PUBLIC WATER SYSTEM

550 Roule 107 ~ PO Box 456, Seebrook, NH 03874 Phone: (603) 474-9921 Fax: (603) 474-3399

WATER SERVICE APPLICATION

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.
5-ee Plan
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.d. _{van}
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)
Lat-16/3/25
Water Superintendent Date
AMOUNT PAID: \$100 CASH/CHECK # 114 DATE RECEIVED G-2-25 BY MS