



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?



NO

DATE:

06/20/2025

APPLICANT NAME/CORPORATION

Mary L. Dade RN

APPLICANT ADDRESS

25 Boynton Ln

CITY/STATE

Seabrook NH

ZIP CODE

03874

E-MAIL ADDRESS OF APPLICANT

LANDOWNER/BILLING NAME

Same

BILLING ADDRESS

HOME/WORK PHONE

CITY/STATE

ZIP CODE

WORK/OTHER PHONE

E-MAIL ADDRESS OF LANDOWNER

SERVICE ADDRESS:

25 Boynton Ln Seabrook NH 03874

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)

change to existing

*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)

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:

TUBS/SHOWERS	2	JACUZZI TUBS	
TUBS ONLY		TOILETS	2
SHOWERS ONLY		URINALS	
SINKS	2	BIDETS	

KITCHEN:

DISHWASHERS	1
SINKS	1

LAUNDRY ROOM:

CLOTHES WASHERS	1
SINKS	
# OF BEDROOMS:	2

MISC/OTHER:

HOSEBIBS	
BAR SINKS	
POOL (SIZE:)	
DESCRIBE:	

LAND OWNER'S SIGNATURE

Mary L. Dade RN

DATE 06/20/2025

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 #

125650



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WATER SERVICE APPLICATION

Service Connection Ties

Address: 25 Boynton Ln Seabrook NH 03874

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

Boynton Lane

To Fix leak
To Be done By
Glen Kelly Construction
Start Date 6/20/25

25 Boynton Ln

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] 6/20/25
Water Superintendent Date

AMOUNT PAID: \$50

CASH/CHECK # _____

DATE RECEIVED 6-20-25

BY MS