TOWN OF SEABROOK PUBLIC WATER SYSTEM

550 Route 107 ~ PO Box 456, Seabrook, NH 03874
Phone: (603) 474-9921 Fax: (603) 474-9399

WATER SERVICE APPLICATION

APPLICANT INFO SAME AS LANDOWNER? (YES) NO DATE 7/7/25

APPLICANT NAME/CORPORATION			LANDOWNER/BILLING NAME		
Leeann Waterman			"		
APPLICANT ADDRESS	HOME/WORK PHONE		BILLING ADDRESS	HOME/WORK PHONE	
3 Fowler Brook Rd			"	"	
CITY/STATE / ZIP CODE	WORK/OTHER PHONE		CITY/STATE / ZIP CODE	WORK/OTHER PHONE	
Seabrook, NH 03874	603-793-6663		" "	"	
E-MAIL ADDRESS OF APPLICANT			E-MAIL ADDRESS OF LANDOWNER		
Lwaterman622@gmail.com			"		

SERVICE ADDRESS: 3 Fowler Brook Rd ASSESSORS MAP/LOT/SEQ: 13-16-30

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

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

NO. OF STORIES IN BUILDING: 2 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		HOSEBIBS	
TUBS ONLY		TOILETS		SINKS		SINKS		BAR SINKS	
SHOWERS ONLY		URINALS				# OF BEDROOMS:	3	POOL (SIZE: _____)	
SINKS		BIDETS						DESCRIBE:	

LAND OWNER'S SIGNATURE: Lee Ann Waterman DATE: 7/7/25

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 # 070220

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WATER SERVICE APPLICATION

Service Connection Ties

Address: 3 Fowler Brook Rd

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*

please See attached

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:__________

[signature] 7/7/25
Water Superintendent *Date*

Board of Water Commissioners

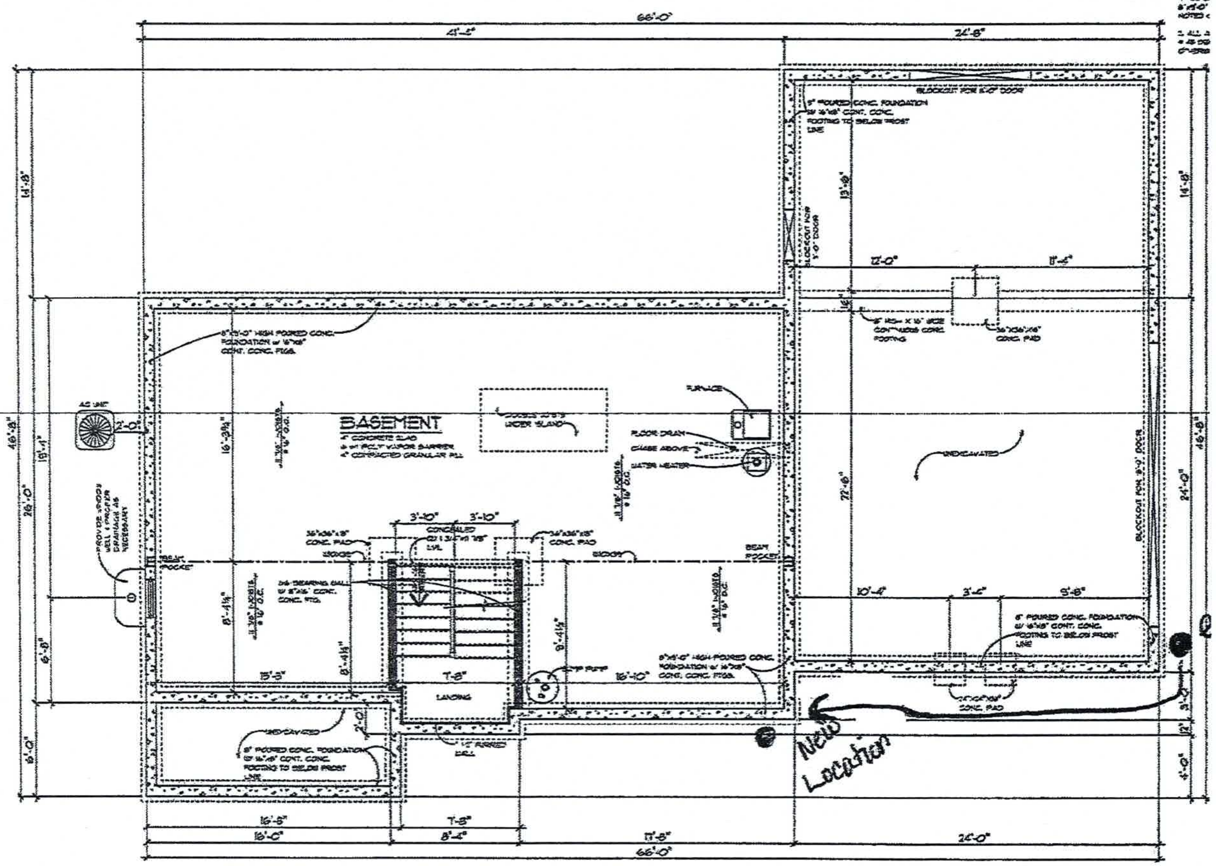
____
(Chairman)

____

____

AMOUNT PAID: $50.00 CASH/CHECK #: 414 DATE RECEIVED: 7/7/25 BY: [initials]

OPENING SCHEDULE				
OPENING ID	TYPE	PRODUCT CODE	SIZE	COUNT
1	WINDOW	[illegible]	2'-4" x 4'-0"	1



FOUNDATION PLAN

SCALE 1/4" = 1'-0"