



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 <input checked="" type="checkbox"/> NO <input type="checkbox"/> | | DATE <u>5/15/25</u> |
| APPLICANT NAME (CORPORATION) <u>THOMAS ARCAUD</u> | | LANDOWNER/BILLING NAME <u>SEABROOK VILLAGE COOP INC.</u> |
| APPLICANT ADDRESS <u>55 COX LANE</u> | | BILLING ADDRESS <u>193</u> |
| CITY/STATE <u>WEST THURON NH</u> | ZIP CODE <u>03886</u> | CITY/STATE <u>SEABROOK NH</u> |
| E-MAIL ADDRESS OF APPLICANT <u>THOMAS.ARCAUD@GMAIL.COM</u> | | E-MAIL ADDRESS OF LANDOWNER |

| | |
|--|---|
| SERVICE ADDRESS <u>95 UNION AVE</u> | ASSESSOR'S MAP LOT SEQ. |
| TYPE OF CONSTRUCTION (Check All That Apply) <input checked="" type="checkbox"/> MOBILE/MANUFACTURED HOME <input checked="" type="checkbox"/> COMMERCIAL <input type="checkbox"/> INDUSTRIAL | RESIDENTIAL <input checked="" type="checkbox"/> SINGLE FAMILY <input type="checkbox"/> MULTI-FAMILY <input type="checkbox"/> CONDO |
| 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: <u>1</u> | BUILDING SIZE IN SQUARE FEET: <u>544</u> | TOTAL PARCEL AREA IN SQUARE FEET: _____ |
| FIRE DEPARTMENT REQUIREMENTS <input type="checkbox"/> NONE <input type="checkbox"/> SPRINKLE ALL | SPRINKLE GARAGE ONLY | |
| FIRE HYDRANTS REQUIRED <input type="checkbox"/> NONE <input type="checkbox"/> PUBLIC (NO. OF HYDRANTS _____) | PRIVATE (NO. OF HYDRANTS _____) | |
| IS THERE A WELL ON THE PROPERTY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | USING RECYCLED WATER? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | |
| WILL A PUMP BE USED TO BOOST PRESSURE? <input type="checkbox"/> YES - FIRE SERVICE <input checked="" type="checkbox"/> YES DOMESTIC SERVICE | NO | |
| WILL THERE BE LANDSCAPE IRRIGATION? <input type="checkbox"/> YES <input checked="" type="checkbox"/> 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" | | |

| | | | | | | | | | |
|-----------------------|------------------|-------------|----------|-----------------|----------|----------------|-------------|-------------|-----------|
| BATHROOM: | | | | KITCHEN: | | LAUNDRY ROOM: | | MISC/OTHER: | |
| TUBS/SHOWERS | JACUZZI TUBS | DISHWASHERS | SINKS | CLOTHES WASHERS | SINKS | # OF BEDROOMS: | POOL (SIZE) | HOSE/BIBS | BAR SINKS |
| TUBS ONLY <u>1</u> | TOILETS <u>2</u> | <u>1</u> | <u>1</u> | <u>1</u> | <u>1</u> | <u>2</u> | | <u>1</u> | |
| SHOWERS ONLY <u>1</u> | URINALS | | | | | | | | |
| SINKS <u>2</u> | BIDETS | | | | | | | | |

LAND OWNER'S SIGNATURE Thomas Arcand DATE 7/28/25

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 SEABROOK VILLAGE OFFICER'S NAME & TITLE (PRINT)

APPLICANT/CORPORATION'S OFFICER SIGNATURE

DATE

ACCOUNT # 200237



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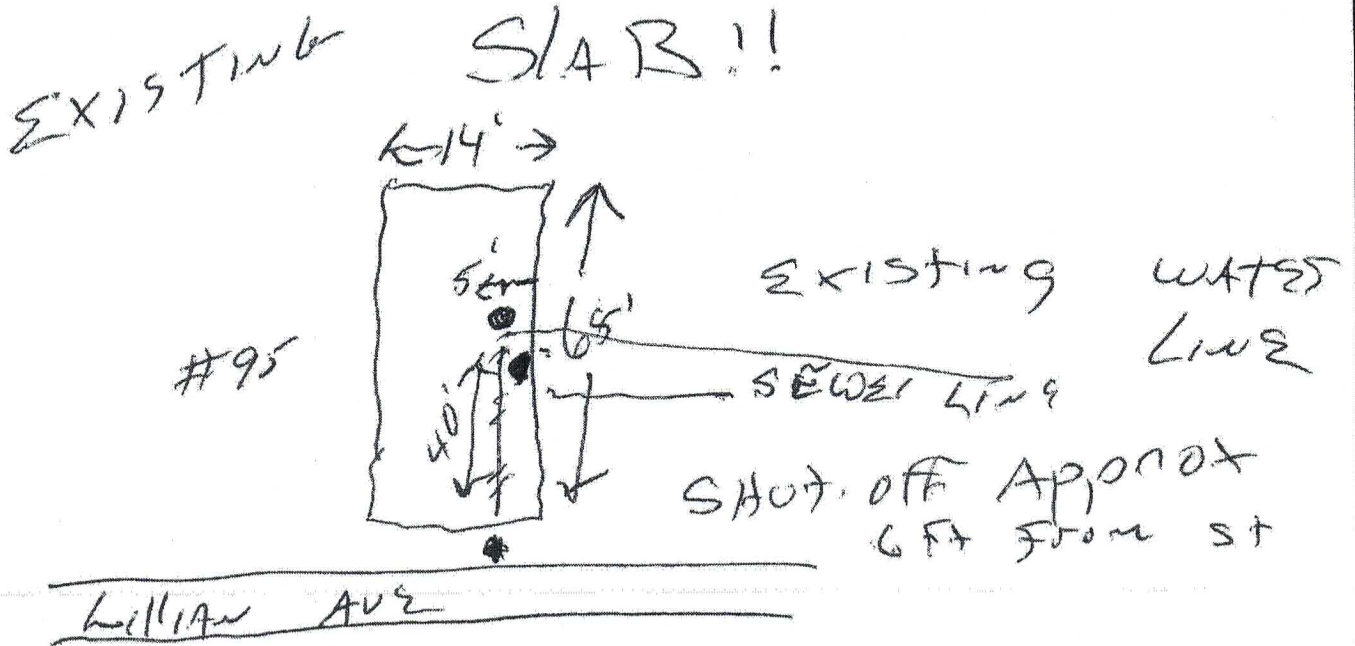
WATER SERVICE APPLICATION

Service Connection Ties

Address: 95 Lillian Ave

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



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

8/12/25
Date

AMOUNT PAID: 50

CASH/CHECK # 0

DATE RECEIVED 7/28/25

BY ed