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: 8/25/25

APPLICANT NAME/CORPORATION		HOME/WORK PHONE	LANDOWNER/BILLING NAME		HOME/WORK PHONE
DAVE HOPE HRH CONSTRUCTION LLC		9783147263	SARA CATALANO		978 387 6231
APPLICANT ADDRESS		WORK/OTHER PHONE	BILLING ADDRESS		WORK/OTHER PHONE
27 RIVER ROAD			207 Ocean Blvd		1-9783876231
CITY/STATE	ZIP CODE		CITY/STATE	ZIP CODE	
ANDOVER, MA	01810		Seabrook N.H	03874	
E-MAIL ADDRESS OF APPLICANT			E-MAIL ADDRESS OF LANDOWNER		
HRHCONSTRUCTIONINC1@GMAIL.COM					

SERVICE ADDRESS: 2 RIVER ST ASSESSOR'S MAP-LOT-REC: 23 - 2

TYPE OF CONSTRUCTION: (Circle All that Apply) (NEW CONSTRUCTION) (RESIDENTIAL) (SINGLE FAMILY) MULTI-FAMILY CONDO

MOBILE/MANUFACTURED HOME COMMERCIAL INDUSTRIAL (Please Describe) 3 STORY SINGLE FAMILY

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: _____ TOTAL PARCEL AREA IN SQUARE FEET: 17,170

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	1	JACUZZI TUBS		DISHWASHERS	1	CLOTHES WASHERS	2	HOSEBIBS	3
TUBS ONLY	1	TOILETS	4	SINKS	1	SINKS		BAR SINKS	1
SHOWERS ONLY	2	URINALS				# OF BEDROOMS:	4	POOL (SIZE: _____)	
SINKS	5	BIDETS						DESCRIBE:	

LAND OWNER'S SIGNATURE: Sara Catalano DATE: Aug 14, 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: HRH CONSTRUCTION LLC OFFICER'S NAME & TITLE (PRINT): W. D. HOPE PRESIDENT

*CORPORATION OFFICER SIGNATURE: W D Hope DATE

New Service

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WATER SERVICE APPLICATION

Service Connection Ties

Address: 2 River St

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"*

plans supplied

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)*

8/26/25 _____
Water Superintendent *Date*

AMOUNT PAID: 4782.00 CASH/CHECK #: 1313 DATE RECEIVED: 8/25/25 BY: AP