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 8/18/25

APPLICANT NAME/CORPORATION	HOME/WORK PHONE	LANDOWNER/BILLING NAME	HOME/WORK PHONE
Darrin Young			
APPLICANT ADDRESS: 38 Ledge Rd		BILLING ADDRESS	
CITY/STATE: Seabrook NH ZIP CODE: 03874 WORK/OTHER PHONE: (617) 279-1844		CITY/STATE ZIP CODE	WORK/OTHER PHONE
E-MAIL ADDRESS OF APPLICANT: darrinyoung67@yahoo.com		E-MAIL ADDRESS OF LANDOWNER	

SERVICE ADDRESS: 38 Ledge Rd ASSESSOR'S MAP-LOT-SEQ: 3-6-8

TYPE OF CONSTRUCTION (Check All That Apply) NEW CONSTRUCTION (RESIDENTIAL) SINGLE FAMILY MULTI-FAMILY CONDO
MOBILE/MANUFACTURED HOME COMMERCIAL INDUSTRIAL (Please Describe) Emergency Line Repair

*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: 1440 TOTAL PARCEL AREA IN SQUARE FEET: 63,000 ?

FIRE DEPARTMENT REQUIREMENTS: NONE SPRINKLE ALL SPRINKLE GARAGE ONLY

FIRE HYDRANTS REQUIRED: NONE PUBLIC (NO. OF HYDRANTS 1) PRIVATE (NO. OF HYDRANTS 0)

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: 0

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:		POOL (SIZE:)	
SINKS		BIDETS						DESCRIBE:	

LAND OWNER'S SIGNATURE [signature] DATE 8/18/25

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 [signature] DATE 8/18/25

ACCOUNT # 128400

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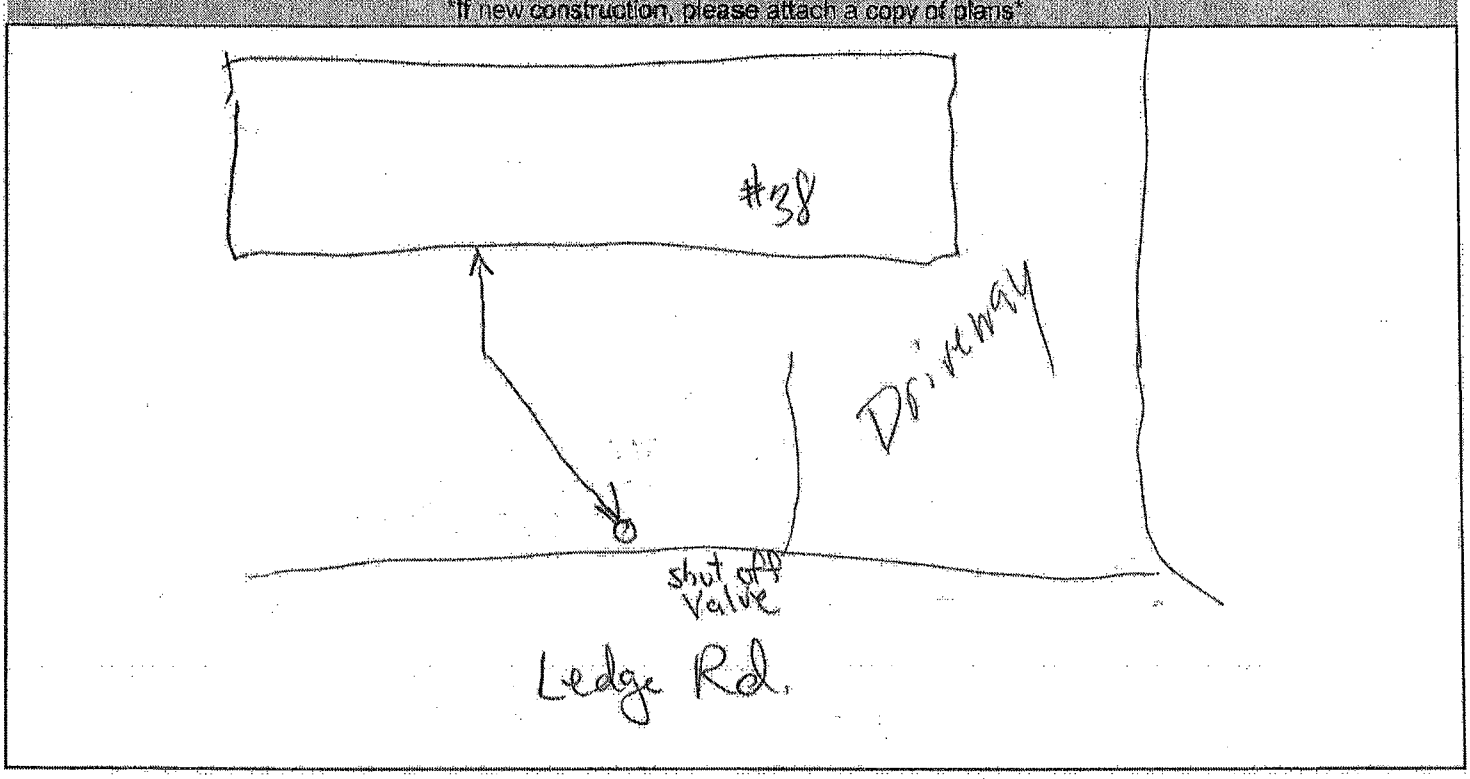
WATER SERVICE APPLICATION

Service Connection Ties

Address: 38 Ledge 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



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)

_____ 8/18/25 _____
Water Superintendent *Date* _____

AMOUNT PAID: 50.00 CASH/CHECK #: 1377 DATE RECEIVED: 8/18/25 BY: AD