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 09 / 29 / 2025

APPLICANT	LANDOWNER/BILLING
APPLICANT NAME/CORPORATION: RMH NH LLC	LANDOWNER/BILLING NAME:
APPLICANT ADDRESS: 319 Rte. 107	BILLING ADDRESS:
HOME/WORK PHONE:	HOME/WORK PHONE:
CITY/STATE: Seabrook, NH	ZIP CODE: 03874
WORK/OTHER PHONE:	CITY/STATE:
E-MAIL ADDRESS OF APPLICANT: DGuerin@Eurekanh.com	ZIP CODE:
	WORK/OTHER PHONE:
	E-MAIL ADDRESS OF LANDOWNER:

SERVICE ADDRESS: 319 Rte. 107 ASSESSOR'S MAP-LOT-SEQ: 10/42/

TYPE OF CONSTRUCTION: (Check All That Apply) NEW CONSTRUCTION RESIDENTIAL SINGLE FAMILY MULTI-FAMILY CONDO

MOBILE/MANUFACTURED HOME (COMMERCIAL) INDUSTRIAL (Please Describe) _____

**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: 160 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	4	SINKS		SINKS		BAR SINKS	
SHOWERS ONLY		URINALS				# OF BEDROOMS:		POOL (SIZE _____)	
SINKS	4	BIDETS						DESCRIBE:	

LAND OWNER'S SIGNATURE _____ DATE 10/1/25

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 10/1/25

ACCOUNT # _____

TOWN OF SEABROOK PUBLIC WATER SYSTEM

550 Route 107 ~ PO Box 456, Seabrook, NH 03874
Phone: (603) 474-9921 Fax: (603) 474-3399

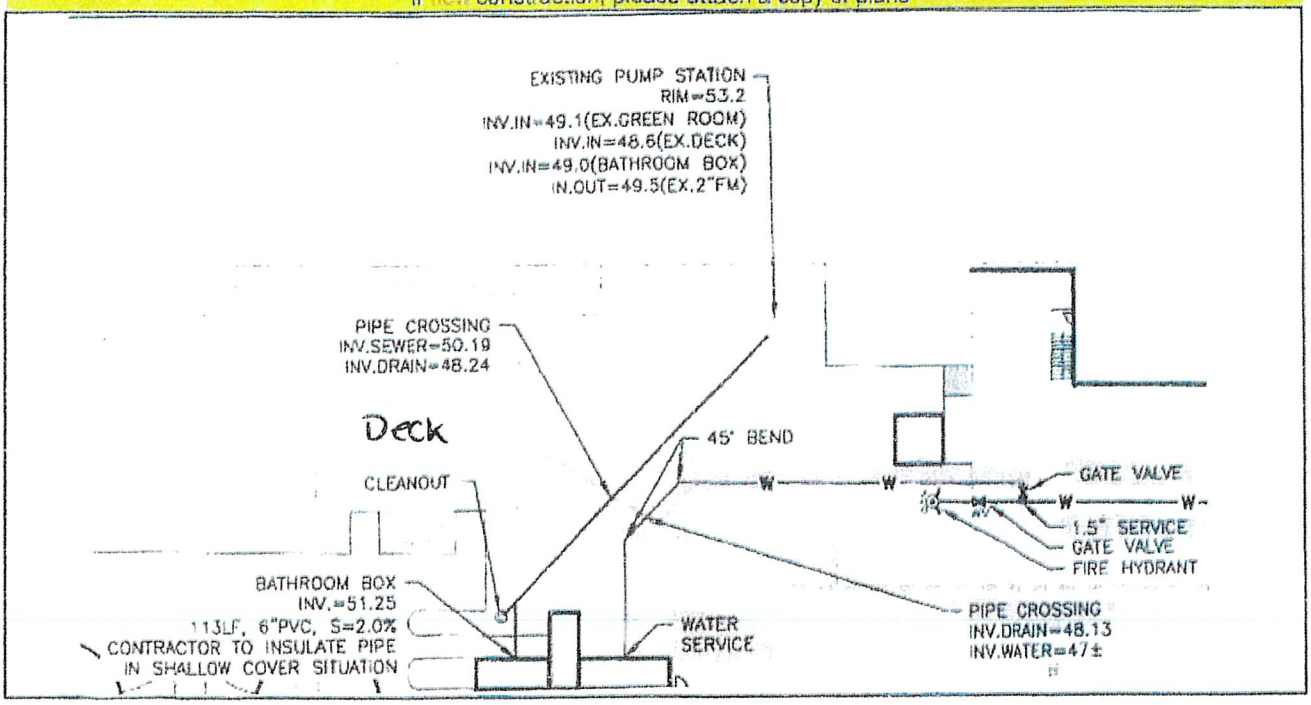
WATER SERVICE APPLICATION

Service Connection Ties

Address: 319 Rt 107

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 10/13/25 *Date*

AMOUNT PAID: $10,082.50 CASH/CHECK #: 21441 DATE RECEIVED: 10/13/25 BY: DS