# 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 ADDRESS: WAS APPLICANT.  SERVICE OF CONSTRUCTION.  SERVICE ADDRESS: WAS APPLICANT.  SERVICE OF CONSTRUCTION.  SERVICE ADDRESS: WAS APPLICANT.  SERVICE OF CONSTRUCTION.  SERVICE ADDRESS: WAS APPLICANT.  SERVICE ADDRESS: WAS	APPLICANT INFO SAME AS LA	ANDOWNER? YES	NO	DATE: U	1610	25	
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BATHROOM:  TUBS/SHOWERS  JACUZZI TUBS  JACUZZI TUBS  DISHWASHERS  DISHWASHERS  TUBS ONLY  URINALS  BIDETS  BIDETS  DESCRIBE:  LAUNDRY ROOM:  HOSEBIBS  BAR SINKS  BAR SINKS  BAR SINKS  BOATE  DESCRIBE:  DATE  DATE  DATE  DATE  DATE  CORPORATION NAME  OFFICER'S NAME & TITLE (PRINT)	potable	resider	ıflal	ene Lutaga ita pasidan kata kata kata pakan Panakan kata kata kata kata kata kata kat	5/8"		444. Laukuspin jada palakan saamulin esintä kaha-taha kaha kaha-kak-kak-kak-kak-kak-kak-kak-kak-kak
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	By signing above, I agree I will not					_	
APPLICANT/CORPORATION'S OFFICER SIGNATURE DATE	CORPORATION NAME		OF	FICER'S NAME & T	ITLE (PRINT)		
	APPLICANT/CORPORATION'S	Officer Signature		mano mandiposto in (samples superior su			DATE



# TOWN OF SEABROOK PUBLIC WATER SYSTEM

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# WATER SERVICE APPLICATION

# **Service Connection Ties**

Address: 44 A Dows Lane					
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*					
Mater					
Water					
Dows Lane					
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 DATE Board of Water Commissioners					
REASON FOR DENIAL: (Chairman)					
CT SLA 10/7/25					
AMOUNTERIDE #900 (CASH/CHECK#) MATERECEIVED 10/6/25 BY MS					