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: 9 / 19

APPLICANT NAME/CORPORATION			LANDOWNER/BILLING NAME		
JP KARO'S Plumbing and Heating			Josh Savard		
APPLICANT ADDRESS	HOME/WORK PHONE		BILLING ADDRESS	HOME/WORK PHONE	
25 Webber rd			14 Jannin dr		
CITY/STATE / ZIP CODE	WORK/OTHER PHONE		CITY/STATE / ZIP CODE	WORK/OTHER PHONE	
Hampstead NH 03826	978 857 6435		Seabrook NH		
E-MAIL ADDRESS OF APPLICANT			E-MAIL ADDRESS OF LANDOWNER		
karosmechanical@gmail.com					

SERVICE ADDRESS: 14 Jannin dr ASSESSOR'S MAP-LOT-SEQ:

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: 2 BUILDING SIZE IN SQUARE FEET: 1400 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	2	JACUZZI TUBS		DISHWASHERS	1	CLOTHES WASHERS	1	HOSEBIBS	2
TUBS ONLY		TOILETS	2	SINKS	1	SINKS		BAR SINKS	
SHOWERS ONLY		URINALS				# OF BEDROOMS:	3	POOL (SIZE:)	
SINKS	2	BIDETS						DESCRIBE:	

LAND OWNER'S SIGNATURE: _____ DATE: 9-19-25

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: 9-19-25

ACCOUNT#: 044 050

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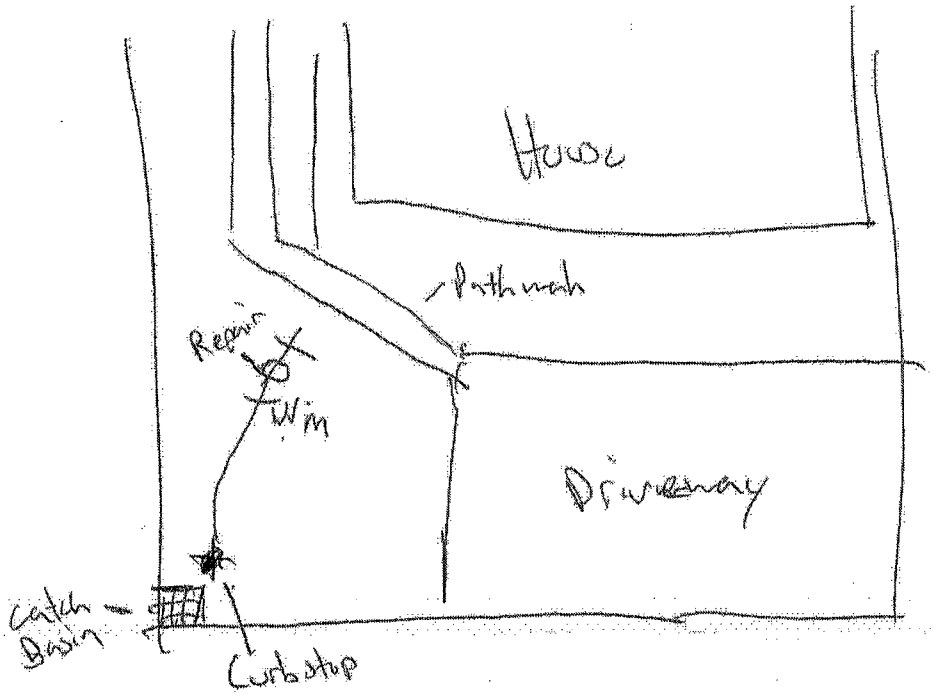
WATER SERVICE APPLICATION

Service Connection Ties

Address: 14 Jenuria Dr Seabrook NH

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)

_____ 9/24/25 _____
Water Superintendent *Date*

AMOUNT PAID: 50.00 CASH/CHECK #: _____ DATE RECEIVED: 9/19/25 BY: _____