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: 9/16/2025

APPLICANT NAME/CORPORATION			LANDOWNER/BILLING NAME		
James W Morton		1-6034743813			
APPLICANT ADDRESS		HOME/WORK PHONE	BILLING ADDRESS		HOME/WORK PHONE
13 Walton Rd		1-6034743813	13		
CITY/STATE	ZIP CODE	WORK/OTHER PHONE	CITY/STATE	ZIP CODE	WORK/OTHER PHONE
Seabrook NH	03874	1-603-918-8080			
E-MAIL ADDRESS OF APPLICANT			E-MAIL ADDRESS OF LANDOWNER		
CTM02@comcast.NET					

SERVICE ADDRESS:	15 Walton Rd	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): Line Replacement Emergency

"UNDER 'ADDITIONAL COMMENTS' SECTION, LIST NO. OF BUILDINGS AND NO. OF UNITS IN EACH BUILDING, IF APPLICABLE

NO. OF STORIES IN BUILDING: _____ BUILDING SIZE IN SQUARE FEET: _____ TOTAL PARCEL AREA IN SQUARE FEET: _____

FIRE DEPARTMENT REQUIREMENTS ☐ NONE ☐ SPRINKLE ALL ☐ SPRINKLE GARAGE ONLY

FIRE HYDRANTS REQUIRED ☐ NONE ☐ PUE ☐ PRIVATE (NO. OF HYDRANTS _____)

IS THERE A WELL ON THE PROPERTY? ☐ YES ☐ NO USII ☐ YES ☐ NO

WIL ☐ YES ☐ Y ☐ 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		SINKS		SINKS		BAR SINKS	
SHOWERS ONLY		URINALS				# OF BEDROOMS:		POOL (SIZE: _____)	
SINKS		BIDETS						DESCRIBE:	

LAND OWNER'S SIGNATURE: James W Morton DATE: 9-16-25

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: 9/11/25

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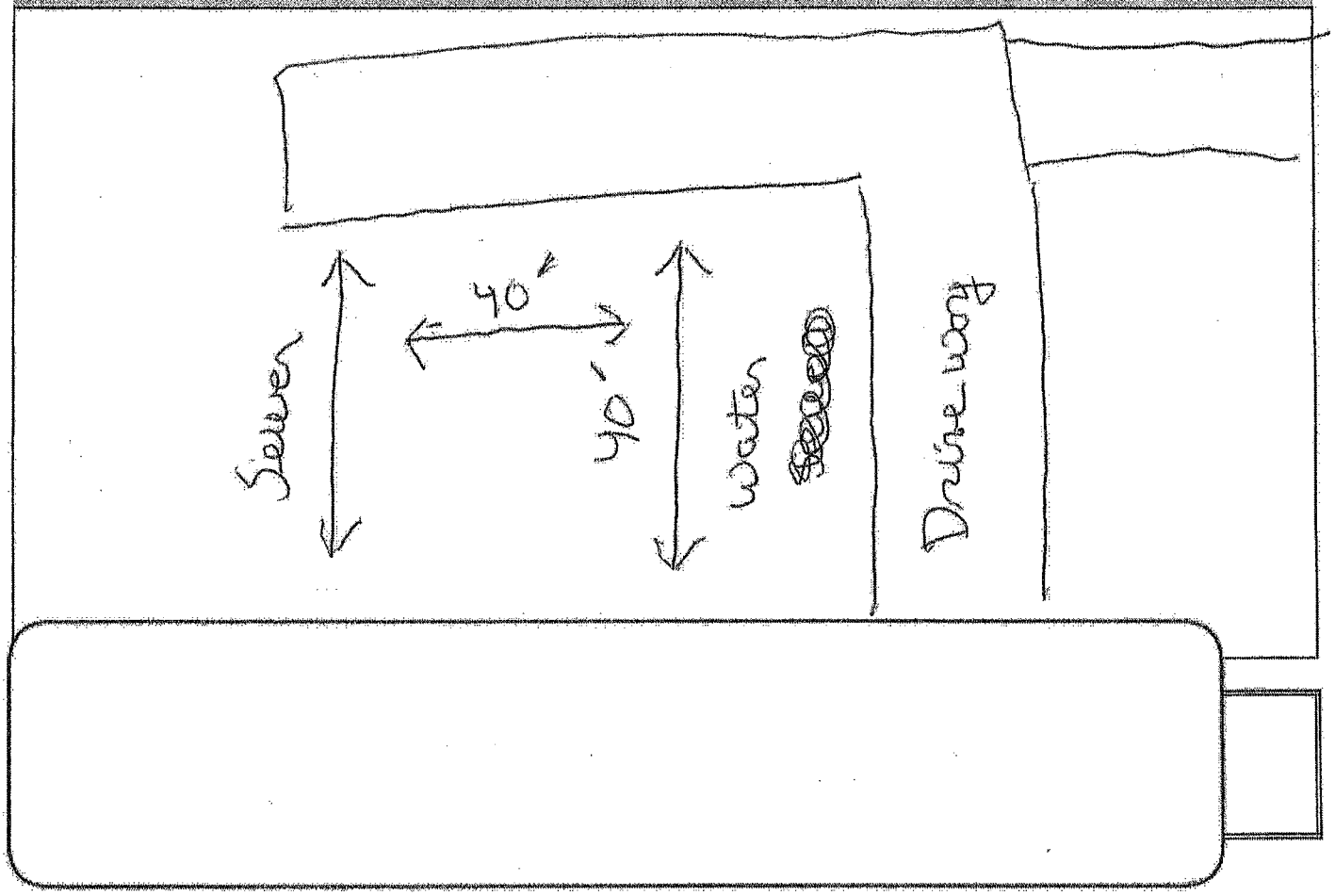
WATER SERVICE APPLICATION

Service Connection Ties

Address: 16 Walton 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



AMOUNT PAID: $100 CASH/CHECK # PD DATE RECEIVED 9-16-25 BY: MS