



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: ____ / ____ / ____

APPLICANT NAME/CORPORATION			LANDOWNER/BILLING NAME		
APPLICANT ADDRESS		HOME/WORK PHONE	BILLING ADDRESS		HOME/WORK PHONE
CITY/STATE	ZIP CODE	WORK/OTHER PHONE	CITY/STATE	ZIP CODE	WORK/OTHER PHONE
E-MAIL ADDRESS OF APPLICANT			E-MAIL ADDRESS OF LANDOWNER		

SERVICE ADDRESS: _____ **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) _____

**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 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	<input type="text"/>	JACUZZI TUBS	<input type="text"/>	DISHWASHERS	<input type="text"/>	CLOTHES WASHERS	<input type="text"/>	HOSEBIBS	<input type="text"/>
TUBS ONLY	<input type="text"/>	TOILETS	<input type="text"/>	SINKS	<input type="text"/>	SINKS	<input type="text"/>	BAR SINKS	<input type="text"/>
SHOWERS ONLY	<input type="text"/>	URINALS	<input type="text"/>		<input type="text"/>		<input type="text"/>	POOL (SIZE: _____)	<input type="text"/>
SINKS	<input type="text"/>	BIDETS	<input type="text"/>		<input type="text"/>		<input type="text"/>	DESCRIBE:	<input type="text"/>

LAND OWNER'S SIGNATURE _____

DATE _____

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 _____

ACCOUNT # _____



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Service Connection Ties

Address: _____

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.

[Large empty rectangular box for sketching service connection details]

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

Date

AMOUNT PAID: _____

CASH/CHECK # _____

DATE RECEIVED _____

BY _____