



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 PHONE	BILLING ADDRESS		HOME PHONE
CITY	ZIP CODE	WORK/OTHER PHONE	CITY	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) <input type="checkbox"/> NEW CONSTRUCTION <input type="checkbox"/> RESIDENTIAL <input type="checkbox"/> SINGLE FAMILY <input type="checkbox"/> MULTI-FAMILY <input type="checkbox"/> CONDO <input type="checkbox"/> MOBILE/MANUFACTURED HOME <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> INDUSTRIAL <input type="checkbox"/> OTHER (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

FIXTURE UNIT COUNT - COMPLETE THE QUANTITY OF THE FOLLOWING

BATHROOM: TUBS/SHOWERS <input style="width:30px;" type="text"/> TUBS ONLY <input style="width:30px;" type="text"/> SHOWERS ONLY <input style="width:30px;" type="text"/> SINKS <input style="width:30px;" type="text"/>	JACUZZI TUBS <input style="width:30px;" type="text"/> TOILETS <input style="width:30px;" type="text"/> URINALS <input style="width:30px;" type="text"/> BIDETS <input style="width:30px;" type="text"/>	KITCHEN: DISHWASHERS <input style="width:30px;" type="text"/> SINKS <input style="width:30px;" type="text"/> <input style="width:30px;" type="text"/> <input style="width:30px;" type="text"/>	LAUNDRY ROOM: CLOTHES WASHERS <input style="width:30px;" type="text"/> SINKS <input style="width:30px;" type="text"/> <input style="width:30px;" type="text"/> <input style="width:30px;" type="text"/>	MISC/OTHER: HOSEBIBS <input style="width:30px;" type="text"/> BAR SINKS <input style="width:30px;" type="text"/> POOL (SIZE: _____) <input style="width:30px;" type="text"/> DESCRIBE: <input style="width:30px;" type="text"/>
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ADDITIONAL COMMENTS (IF APPLICABLE, LIST NO. OF BUILDINGS AND NO. IN EACH BUILDING) _____

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 _____



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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 connections]

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 _____