Town of Fairhaven, MA

Mooring Permit /Application Sticker # _____

Calendar year 2016 NEW ☐ EXISTING

MUST BE FILLED OUT BY APPLICANT IN FULL

SAME AS LAST YEAR IS NOT ACCEPTABLE, PLEASE FILL OUT COMPLETELY

Please note this information may be provided to the Coalition for Buzzards Bay a non-profit group dedicated to the betterment of the Buzzards Bay

Location: Lat._____o_____._____ **Long**. _____o_____._____

Location Description (Street, Neighborhood, etc.)_____

Owners Name print _____

Owners Address _____

Owners Phone #_____**Emergency #** _____

Owners Email _____

Owners Signature _____

Signature and acceptance of a mooring sticker indicates the mooring owner agrees to abide by all of the rules and regulations associated with moorings within Fairhaven as established by the Town of Fairhaven, MA.

Mooring Type_____**Weight**_____lbs.

1st chain size_____**inches** **1st chain length**_____**feet**

2nd chain size_____**inches** **2nd chain length**_____**feet**

Pennant Size_____**inches** **Pennant length**_____**feet**

Total length_____**feet**

Inspected by_____ Date_____

VESSEL INFORMATION

Vessel Name_____ **Hauling Port**_____

Vessel Type Power_____ **Sail**_____**Other**_____

State or Federal Boat Registration Number (On hull)_____

Length Overall_____**feet** **Draft**_____**feet** **Beam**_____**feet**

Make_____**Model**_____**Color**_____**Year**_____

OFFICIAL INFORMATION (to be completed by Harbormaster)

Mooring Number_____(Number to be placed on Mooring Buoy)

Date Application Received_____Official Name_____

Status of Application: _____Approved Date _____ _____Denied Date_____

Reason For Denial _____