



Town of Fairhaven, Massachusetts

Office of the Harbor Master

40 Center Street, Fairhaven, MA 02719

MOORING PERMIT APPLICATION

Calendar Year

2007

MOORING INFORMATION

Location: Lat. _____ ° _____ ' _____ " Lon. _____ ° _____ ' _____ "

Location Description (Street, Neighborhood, etc.) _____

Owner Name _____ Address _____

City/Town _____ State _____ Zip _____

Res. Phone _____ Emerg. Phone _____

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 _____ Hailing Port _____

Vessel Type: Power Sail Other

State of Federal Boat Registration Number (On Hull) _____

Length Overall _____ Feet Draft _____ Feet Beam _____ Feet

Make _____ Color _____ Year _____

OFFICIAL INFORMATION (To be completed by Harbor Master)

Mooring Number _____ (Number to be placed on Mooring Bouy)

Date Application Received _____ Official Name _____

Status of Application: Approved – Date _____ Denied – Date _____

Reason for Denial _____