INC. VILLAGE OF OYSTER BAY COVE
68 WEST MAIN STREET • PO BOX 66
OYSTER BAY, NY 11771
(516) 922-1016
MOORING PERMIT APPLICATION

DATE _____

PRINT ALL INFORMATION

1. NAME OF BOAT OWNER(s)	9. NAME OF BOAT
2. ADDRESS	10. REGISTRATION OR DOCUMENTATION NUMBER
3. TOWN ZIP	11. LENGTH 12. BEAM 13. DRAFT
4. HOME OR CELL NUMBER WITH AREA CODE	14. TYPE ☐outboard ☐inboard outboard ☐inboard ☐sail keel ☐sail centerboard
5. BUSINESS NUMBER WITH AREA CODE	15. MANUFACTURER 16. MODEL
6. INDICATE PREFERRED MOORING AREA	17. FACILITY TO BE USED FOR ACCESS TO MOORING
7. PERSON OR FIRM TO PLACE MOORING	18. DO YOU HAVE A MARINE TOILET? ☐YES ☐NO IS IT N.Y. STATE APPROVED? ☐YES ☐NO

8. ADDRESS OF PERSON OR FIRM PLACING MOORING AND TELEPHONE NUMBER

This application is submitted with the understanding the applicant will conform to all ordinances, rules and regulations applicable as prescribed by The Incorporated Village of Oyster Bay Cove

X _____
Signature of applicant

PLEASE DO NOT WRITE BELOW THIS LINE

MOORING NO.	FEE RECEIVED	DATE ACCEPTED	FEE RECEIVED AND APPLICATION ACCEPTED BY:
	$		

COPY DISTRIBUTION:
WHITE — Village Office
CANARY — Town of Oyster Bay (Bay Constable)
PINK — Applicant
GOLD — Mooring Contractor

IMPORTANT INSTRUCTIONS:
1. MAKE CHECKS PAYABLE TO THE INC. VILLAGE OF OYSTER BAY COVE.
2. PLEASE ENCLOSE A COPY OF YOUR CURRENT VALID REGISTRATION.

MOORING IDENTIFICATION — CERTIFICATION OF INSPECTION

CURRENT MOORING NO.	DATE INSPECTED			
MOORING SIZE	TOP CHAIN SIZE	LENGTH	BOTTOM CHAIN SIZE	LENGTH

COMMENTS:

APPROVED☐ DENIED ☐

INSPECTOR'S NAME _____