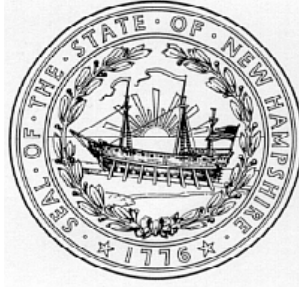


Application Number: _____

DECAL #

Permit Number: _____

Conditions: _____



OF MOORINGS APPROVED _____

FOR OFFICIAL USE ONLY

APPLICATION FOR A PUBLIC MOORING FIELD PERMIT

Instructions: This application should be used for public mooring fields of 5 or more moorings. The application must be completed in its entirety with all the required documentation. Mail the completed application to:

**Department of Safety – SS – Moorings Program
3 Higgins Road, P. O. Box 1150, Belmont, NH 03220
Telephone: 603-267-6453**

Applicant's name: _____

NOTE: The applicant must be the owner or leaseholder of the shore front property accessing the mooring field.

Shorefront property location: _____

Town/City: _____ Phone #: _____

Contact Person/Operator: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Home Phone #: _____ Local Phone #: _____ Cell Phone #: _____

The proposed mooring field is located on Lake: _____ Town/City: _____

The town/city tax lot number of the shore front property is: _____

Does the applicant have title ownership to the shore front property? _____

If no please explain: _____

Number of moorings requested: _____ Applicant's shore frontage in feet: _____

The approximate area (size) of the mooring field in square feet: _____

The distance from shore to the furthest mooring in feet is: _____

The number of docks at the property: _____ The number of boat slips: _____

Is there is swim raft at the property? _____ What is the square footage of the raft? _____

Is there a swim line at the property? _____ Is there a gas dock on the property? _____

Is dingy docking provided? _____ Is a water taxi service provided? _____

Is there a pump out station for boat holding tanks? _____

What provisions exist for refuse removal? _____

Are there restroom facilities on the property and if yes, where are they located? _____

How many available parking spaces for automobiles and trailers? _____

Percentage of moorings that shall be used for a full season: _____

Note: Unless a waiver is granted under Saf-C 408:18 (d), 50 percent of the total number of moorings within a public mooring field shall not be used for a term longer than 30 days. The waiver shall be in writing and include reasons for the requested change.

Please state all proposed charges for the use of the moorings: _____

Please give a description of access to the mooring field from the shore: _____

Please describe the mooring buoys, including the color, shape, size and material: _____

Please describe the mooring anchors, including the material used and the weight: _____

THE FOLLOWING DOCUMENTATION MUST ACCOMPANY YOUR APPLICATION:

NOTE: If the documentation requested does not apply please indicate so.

1. Copy of the deed or lease to the shore front property.
2. A copy of all rules pertaining to waterfront use, including docks, beaches and swim rafts.
3. Five copies of a scaled map on 11" x 17" paper of the proposed mooring field. See the attached sample map for the required specifications and information.
4. A copy of the certificate of insurance for comprehensive general liability insurance against all claims of bodily injury, death, or property damage resulting from the maintenance, management, or operation of a mooring field and the amounts of coverage.
5. A statement that no other viable alternative exists for securing the boats. (If docks exist which are under the applicant's control, the applicant must show that they are not sufficient for the user's current need. Unless there are extenuating circumstances, permits will not be issued for small boats, which can be easily removed from the water such as sunfish, jetskies, pwcs, canoes, etc.)
6. A statement explaining what circumstances exist that would warrant the moorings to be located more than 150 feet from the shore.
9. Land and water directions to the shore front property.
10. Signed, certified returned receipts from each abutter. (See abutter definition on back of the application)

I, the applicant, certify that the petitioner shall indemnify and hold harmless the state, its officers and employees from all claims, liabilities or penalties resulting from the acts or omissions of the petitioner in maintaining, managing or operating the mooring field:

Authorized Signature

I, the applicant, certify that all abutters to the shore front property have been notified of this application by certified mail, (based on municipal tax data) return receipt requested, and have been provided copies of the application and grid map.

NOTE: Abutters: The record owner of land immediately adjacent to, and/or of any portion of land that is located within 300 feet of, the boundaries of the proposed mooring field, including properties adjacent to the water within 300 linear feet, such as in the case of coves.

Authorized Signature

I the applicant hereby give permission for the director or his agents to enter the property for the purpose of performing a field investigation to review this application:

Authorized Signature

NOTE: This application may require a public hearing. The applicant and abutters will be notified as to the date, place and time of the hearing. The Department of Safety, Division of Safety Services will submit a recommendation to the Governor and Council who will approve or deny the application. The applicant and abutters will be notified in writing of the recommendation prior to the scheduled Governor and Council meeting.
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Do not send any fee with this application. If approved, by Governor and Council, notification will be sent requesting the decal fee. Your annual mooring decal(s) will be forwarded to you upon receipt of payment of the current decal fee. Decals must be renewed annually and must be attached to each mooring above the waterline prior to using the moorings. **Perimeter lighting, if required, must be installed prior to use.**

I hereby certify that all statements on this application and all documentation supplied with this application are true. Supplying false information on this application will result in revocation of any permit issued and is punishable by imprisonment. This application is signed under penalty of unsworn falsification pursuant to RSA 641:3.

Authorized Signature: _____ Date: _____