



John J. Barthelmes  
Commissioner of Safety

# State of New Hampshire

DEPARTMENT OF SAFETY  
DIVISION OF STATE POLICE  
MARINE PATROL  
31 DOCK ROAD  
GILFORD, N.H. 03249-7627



## APPLICATION FOR WATER EVENT PERMIT

(PLEASE TYPE OR PRINT)

DIRECTIONS: Complete this form and return it to the address indicated above.

**INCOMPLETE APPLICATIONS WILL BE RETURNED.**

Check One: This is a :  NEW application  RENEWAL application

**APPLICANT / SPONSOR:** \_\_\_\_\_

Contact Person: \_\_\_\_\_ DOB \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Local Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**NAME OF EVENT:** \_\_\_\_\_

Type of Water Event:	<input type="checkbox"/> Fishing Event	<input type="checkbox"/> Water Carnival
	<input type="checkbox"/> Race / Regatta	<input type="checkbox"/> Parasailing
	<input type="checkbox"/> Parade	<input type="checkbox"/> Water Ski Show / Exhibition
	<input type="checkbox"/> Other	

**DESCRIPTION OF THIS EVENT:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

REQUESTED DATE(S): \_\_\_\_\_

Rain Date, if applicable: \_\_\_\_\_

STARTING TIME(S): \_\_\_\_\_ ENDING TIME(S): \_\_\_\_\_

BODY OF WATER: \_\_\_\_\_ TOWN: \_\_\_\_\_

NUMBER OF PARTICIPANTS: \_\_\_\_\_ NUMBER OF BOATS: \_\_\_\_\_

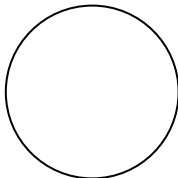
**Unsigned applications will be returned.**

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date



**DIAGRAM:** Please provide a map / diagram of the water body (or for larger bodies of water, the portion of that body of water involved in the activity). Indicate the primary area of activity.



With an arrow, please indicate North



FOR OFFICIAL USE ONLY:

Applicant: \_\_\_\_\_

Body of Water: \_\_\_\_\_

Investigating Officer: \_\_\_\_\_

1. Field investigation notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Approval status recommendation:

Approve as submitted.

Approve with the same conditions as prior years:

Approve with the following conditions:

\_\_\_\_\_  
\_\_\_\_\_

Deny: Please provide reason for recommendation of denial. \_\_\_\_\_

\_\_\_\_\_  
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Signed: \_\_\_\_\_

Date: \_\_\_\_\_