



TOWN OF OYSTER BAY
 DEPARTMENT OF ENVIRONMENTAL RESOURCES
 DIVISION OF CONSERVATION & WATERWAYS



MOORING PERMIT APPLICATION

Type or Print all information

DATE _____

1. Name of Boat Owner(s)	9. Name of Boat
2. Address	10. Registration or Documentation Number
3. Post Office Zip	11. Length 12. Beam 13. Draft
4. Home Telephone	14. Type <input type="checkbox"/> outboard <input type="checkbox"/> inboard outboard <input type="checkbox"/> Inboard <input type="checkbox"/> sail keel <input type="checkbox"/> sail centerboard
5. Cell Number	15. Manufacturer
6. Previous Mooring Area (If Any)	16. Facility used to Access Mooring
7. Indicate Preferred Mooring Area	17. Persons Name or Firm Placing Mooring and Telephone Number
8. Personal Email Address (Required)	

This application is submitted with the understanding that if accepted by the Town of Oyster Bay, the applicant will conform to all Ordinances, rules and regulations applicable as prescribed by the Town Board. A copy of rules and regulations are available online At <https://ecode360.com/26878656>

X

Please do not write below this line

Signature of Applicant

Mooring Space No.	Fee Received	Date Accepted	Fee Received and Application Accepted by:

MAIL TO: Town of Oyster Bay
 Department of Environmental Resources
 29 Spring Street
 Oyster Bay, New York 11771

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 _____



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29 Spring St, Oyster Bay, NY, 11771



2022 MOORING PLACEMENT PERMIT APPLICATION

APPLICATIONS MUST BE RECEIVED BY MARCH 14, 2022

PLEASE TYPE OR PRINT ALL INFORMATION

NAME OF FIRM:

ADDRESS:

CONTACT :

CELL PHONE OFFICE PHONE FAX

EMAIL ADDRESS:

This application is submitted with the understanding that if accepted by the Town of Oyster Bay, the applicant will conform to all ordinances, rules and regulations applicable as prescribed by the Town Board. A Copy of rules and regulations is attached. Permits issued shall be effective from the date of issuance until December 31st of the year in which they were issued unless earlier suspended or revoked.

WE ONLY ACCEPT CHECK, & CREDIT CARDS. PAYMENT BY CREDIT CARD (VISA, MASTERCARD & DISCOVER) IS AVAILABLE FOR WALK-IN APPLICANTS ONLY.

 PRINT NAME OF APPLICANT

 SIGNATURE OF APPLICANT

 DATE

BELOW FOR OFFICIAL USE ONLY

PLEASE DO NOT WRITE BELOW THIS LINE

REVIEW

APPROVED DENIED

DATE RECEIVED

FEE RECEIVED

COMMENTS

FEE RECEIVED AND ACCEPTED BY:

APPROVED BY— DEPUTY COMMISSIONER OF DER

DATE— _____