

Dorothy S. Ogar, Town Clerk  
Town of Shelter Island  
P.O. Box 1549, 38 North Ferry Road  
Shelter Island, NY 11964-1549  
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townclerk@shelterislandtown.us



**MOORING PERMIT APPLICATION**  
(includes stake, mooring and pulley systems)

**Instructions:** Forward completed application **including** following attachments to above address:

- Photograph of boat
- Copy of Current boat registration (or other proof of ownership)
- Copy of Driver's License (or other proof of applicant's age)
- Suitable **detailed** map showing adjacent moorings and docks with at least two (2) fixed reference points including distances from adjacent moorings and docks
- Fee: \$225 for Private or Riparian mooring or Stake, Mooring and Pulley system  
\$300 for Commercial or Holding mooring

Name \_\_\_\_\_ Over 16 Years of Age?  Yes  No

Mailing Address \_\_\_\_\_ Home Phone (Summer) \_\_\_\_\_ Work Phone \_\_\_\_\_  
\_\_\_\_\_ Home Phone (Winter) \_\_\_\_\_ Mobile Phone \_\_\_\_\_

Email Address(s) \_\_\_\_\_

S.I. Street Address \_\_\_\_\_ Waterfront Property Owner?  Yes  No

Check one:  New Application  Relocation-Permit # \_\_\_\_\_

Check  Private Mooring  Stake, Mooring and Pulley System  
Applicable:  Riparian Mooring  Commercial Mooring  Holding Mooring

Contractor Installing Mooring \_\_\_\_\_ Anchor Type \_\_\_\_\_ Anchor Weight \_\_\_\_ #

Desired Location \_\_\_\_\_

Lat: 41.  ° N Long: 72.  ° W (**Decimal Degree Format**)

Name of Boat \_\_\_\_\_ Type of Boat \_\_\_\_\_

Registration or Documentation Number \_\_\_\_\_

Hull ID Number (for vessels built after 1972) \_\_\_\_\_

Length \_\_\_\_\_ Beam \_\_\_\_\_ Draft \_\_\_\_\_

Town of S.I. Resident?  Yes  No Town of S.I. Taxpayer?  Yes  No

I understand that the permit, if granted, may be revoked without notice at the discretion of the Town Board of the Town of Shelter Island. Failure to observe all conditions and regulations shall render the permit void. I know or believe that all of the statements contained herein are true, and I have completed this application to the best of my ability.

Date \_\_\_\_\_ Applicant's Signature \_\_\_\_\_

(Rev. 11/2014)