



TOWN OF MARION
HARBORMASTER'S OFFICE
2 SPRING STREET
MARION, MA 02738
508-748-3515

APPLICATION FOR: DINGHY RACK ____ KAYAK RACK ____ BOAT BERTH ____

\$ 15.00 FEE

NAME _____

MAILING ADDRESS _____ CITY _____ ST _____ ZIP _____

RESIDENCE ADDRESS _____

TELEPHONE NUMBER _____

EMAIL ADDRESS: _____

BOAT NAME _____ MAKE _____ MODEL _____

LENGTH {LOA} _____ BEAM _____ DRAFT _____ COLOR _____ YEAR _____

REQUESTED LOCATION:

DINGHY RACKS

KAYAK RACKS

BOAT BERTHS

Island Wharf ____

Island Wharf ____

Island Wharf {13' & under} ____

Old Landing ____

Old Landing ____

Old Landing {16' & under} ____

Wing's Cove ____

OLD LANDING FLOATS ____

INFLATABLE or WHALER
(CIRCLE ONE)

SIGNATURE _____ DATE: _____

For Use by Harbormaster

Approved: _____

Permit #: _____

Disapproved: _____

Date: _____

Signed: _____

Marion Harbormaster

SEND COMPLETED FORM TO:
Town of Marion
2 Spring Street
Marion, MA 02738

Date Received _____
Time Received _____
BY: _____