



SALISBURY HARBORMASTER

5 BEACH ROAD, SALISBURY, MA 01952

PHONE: Office (978) 465-0331

EMAIL: taxoffice@salisburyma.gov

ACCOUNT NO. _____

PERMIT NO. _____

BILL NO. _____

FY2025 (Summer of 2024)

Salisbury Harbormaster Waterways Permit / Wait List Application

BOAT OWNER NAME _____ DOB _____
(LAST, FIRST, MI)

APPLICANT (IF DIFFERENT FROM OWNER) _____ DOB _____
(LAST, FIRST, MI)

ADDRESS _____
(STREET)

ADDRESS _____ DRIVER'S LICENSE NO. _____
(CITY / STATE / ZIP)

PHONES _____
(CELL) (HOME)

EMAIL ADDRESS _____

EMERGENCY CONTACT _____ PHONE _____

BOAT NAME _____

REGIST/DOC NO _____ EXP DATE _____

LENGTH (LOA) _____ YEAR BUILT _____ DRAFT (MAX DEPTH) _____ HIN _____

BOAT LOCATION: MARINA _____ SLIP NO. _____

INDEX NO. _____ MOORING NO. _____ LATITUDE _____ LONGITUDE _____

MOORING MAINTAINED BY _____

*****Y CVGT Y C['RGTO K'HGGU 30'

1.Y CVGT Y C[U'RGTO K'HGG'-&502'Z 'NQC+'&2702'chgt June 30

2.'ENGCP 'Y CVGT 'UWTEJ CTI G'-'&3202'k'42)'NQC'qt'o qtg

3.'O QQT R I 'RGTO K'HGG'-O lpl wo "&7002'qt"&202'z 'NQC

40VQY P 'F QEM'VG/WR'HGG'-34)'NQC'qt'Nguu'ku"&7502

50VQY P 'F QEM'VG/WR'HGG'-340)'NQC'ku"&32502

60Y C K'NKU'V'HGG'-&1002'RG T' GCT

70'EK'CVQP

80J QWUG'DQC'V'RWO R'QWV'-Weekly each 'o qpj '&622'r gt 'ugcuq'"

9. MOORED FLOAT PERMIT -\$50.00

1.
2.
3.
4.
5.
6.
7.
8.
9.

TOTAL

DATE _____ BOAT OWNER'S / APPLICANT'S SIGNATURE _____