



CITY OF GLOUCESTER
HARBORMASTER'S OFFICE

19 Harbor Loop
Gloucester, MA 01930
978-325-5750

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Thomas Ciarametaro
HARBORMASTER

APPLICATION FOR TEMPORARY FLOAT PERMIT

FORM MUST BE FILLED OUT COMPLETELY

Bus Name: _____ Bus Tel #: _____ Ext: _____

Name: _____ Telephone # _____

Email: _____

Mailing Address: _____

City/Town: _____ State: _____ Zip: _____

Float Address: _____

Ramp Length: _____ Ramp Width: _____

Number of Floats: _____ Float Dimensions: _____

Total Sq. Ft: _____ Material: _____ Floatation: _____

Number of Moorings: _____ Type of Moorings: _____

Weight Each: _____ Number of Boats to Use: _____

Conservation Conditions (As filed with the Harbormaster): _____

A detailed plan showing the configuration of all floats, moorings (wt. & type) chains, etc. must be submitted with the original application and may not be changed without prior approval.

Signature: _____ **Date:** _____

Permission is hereby granted to set out moorings for the temporary float described above in the tidal waters of Gloucester. Floats must be removed each year.