



Town of Fairhaven

Department of Marine Resources

40 Center St.

Fairhaven, MA 02719

(508) 979-4023 x 124

2024 Mooring Permit Application

Application Must Be Filled Out In Full

Please note this information may be provided to the Coalition for Buzzards Bay, a non-profit group dedicated to the betterment of the Buzzards Bay

Existing New

Owners Name: _____

Owners Address: _____

Owners Phone: _____ Emergency Phone: _____

Owners Email: _____

Owners Signature: _____ Date: _____

Signature and acceptance of a mooring sticker indicate the mooring owner agrees to abide by all of the rules and regulations associated with the moorings within Fairhaven as established by the Town of Fairhaven, MA.

Location Description: _____

Latitude: _____ Longitude: _____

Mooring Type: _____ Weight: _____

1st Chain Size (in inches): _____ 1st Chain Length (in inches): _____

2nd Chain Size (in inches): _____ 2nd Chain Length (in inches): _____

Penant Size (in inches): _____ Pennant Length (in inches): _____

Total Length (in feet): _____

Mooring Inspection Date: _____ Inspection Company: _____

Vessel Name: _____ Hauling Port: _____

Please Circle Type: Power Sail Other

Make: _____ Model: _____ Color: _____ Year: _____

Length Overall (in feet): _____ Draft (in feet): _____ Beam (in feet): _____

Mooring # _____ 2022 Sticker # _____