



Town of Fairhaven
Board of Health
40 Center Street
Fairhaven, Ma 02719



Public Health
Prevent. Promote. Protect.

Permit Number: _____ **Fee: \$50.00**

Paid on : _____ Cash _____ Chk _____ Online: _____

MARINA PERMIT RENEWAL APPLICATION

Marina Owner: _____

Marina Name: _____

Marina Address: _____

Telephone #: _____ Fax #: _____

Emergency contact #: _____ e-mail: _____

Total # of boat slips: _____ Number of Commercial _____ Number of Other _____

Number of toilets available for patrons: Female _____ Male _____ Urinals _____

Number of showers available for patrons: _____ Laundry facility? Yes No

Town Sewer: Yes No Town Water: Yes No

Dumpster provided: Yes No Garbage disposal company: _____

Boat pump out available for patrons? Yes No

Boat pump-out location: _____

Date: _____ Signature of Applicant: _____

Copy of by-law is available for viewing at the Fairhaven Town Hall Board of Health

