INLAND WETLANDS AND WATERCOURSES COMMISSION
TOWN OF WINCHESTER

Transferred
REGISTRATION/AUTHORIZATION FORM
For
DOCKS, BUOYS, SWIM FLOATS, WALKWAYS AND BOAT LIFTS

Property owner: _________________________________________________________
Lake property address: _______________________________________________
Map: __________ Block: __________ Lot(s): __________ Zone: ______

Mailing address: Street: _____________________________________________
City: ___________________ State: __________ Zip: ______
Phone: Home: _________________ Work: ________________ Cell: __________

Description of Walkway:
Length ________ Width ________ Composition _______________________
Location (distance from nearest property line): ________________________

Description of Float/Dock:
Length ________ Width ________ Composition _______________________
Location (distance from nearest property line): ________________________
(distance from shore): ___________________________

Description of Swim Float, or any solid or inflatable structure (other than a vessel):
Length ________ Width ________ Composition _______________________
Location (distance from nearest property line): ________________________
(distance from shore): ___________________________

BOATLIFT: [ ] Yes [ ] No If yes, quantity total: ________________
BUOYS: [ ] Yes [ ] No If yes, quantity total: ________________
JETSKI FLOAT/LIFT: [ ] Yes [ ] No If yes, quantity total: ________________

COMMENTS:

Attach site plan, or sketch a site plan on the back of this sheet.

DATE: ___________________ OWNER’S SIGNATURE: ___________________

For Municipal Agency Use Only

Date: __________ Agent [ ] Commission Approval [ ] Permit # ________

Approved & adopted 7/19/95; amended 8/26/98, 9/12/02, 11/3/06