



**** THIS PERMIT MUST BE FILED WITH THE TOWN OF BRAINTREE EVERY YEAR****

2025 Mooring - Docking Permit Application for Braintree Waters

Please return this application, \$50 Permit Fee Made payable to the Town of Braintree and self-addressed stamped envelope to the Mayor's Office:

1 JFK Memorial Drive
Braintree, MA 02184
Phone: 781-794-8026

Did you moor your boat in Braintree during the summer of 2024: Yes No

Did you own your boat on July 1, 2024: Yes No

Location

Where do you keep your boat? Name of Yacht Club or Marina : _____ Slip Number _____
(If not at a Yacht Club or Marina, write PRIVATE and give Latitude /Longitude of mooring below)

N	W
Latitude (example: 042.16.00) N	Longitude (example: 070.52.00) W

Requested Mooring Area:

Owner's Information

First Name: _____ M.I. _____ Last Name: _____

Address (Street name): _____

City/Town _____ State: _____ Zip code: _____

Home Phone: _____ Cell Phone / Emergency Phone: _____

Email Address: _____

Vessel Information

Vessel Name _____ Vessel Make: _____ Hull Color: _____

Year of Manufacture: _____ Hull Identification Number: _____

Vessel Length _____ Vessel Draft: _____

Vessel Type: Motor Sail Vessel Use: Pleasure Commercial Fishing Commercial

Registration

State Registration No: _____ Expiration Date _____

OR

US Coast Guard Documentation No: _____ Expiration Date: _____

Vessel Name: _____ Hailing Port: _____

Address on Certificate of Documentation: _____

Moored Vessels

Type of Mooring: Mushroom Granite Block Helix

Size of Mooring Block or Mushroom: _____ LBS Chain Size _____ Chain Length: _____

FULL PAYMENT OF ANY BOAT EXCISE TAX DUE MUST BE MADE YEARLY IN ORDER TO RETAIN A VALID PERMIT AND AVOID ANY PENALTIES, INTEREST, FEES OR VIOLATIONS.

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, the information is true, correct, and complete.

Applicant's Signature: _____ Date: _____