



Harbor Master
Cape Elizabeth Police Dept.
325 Ocean House Road
Cape Elizabeth, ME 04107
Work: 207-730-4356
Cell: 207-671-2821
dgranata@scarboroughmaine.org

Town of Cape Elizabeth Mooring Registration/Permit YEAR: _____

(Please Print Clearly, all information is Required)

Fee Paid: _____

Waiting List Desired Locations: _____

Permit Holder: _____ Mooring Number: _____

Mailing Address (Number, Street, City, State, ZIP):

_____, _____

Phone (H): (____)_____ Phone (W): (____)_____ Phone (C): (____)_____

Email: _____ VHF: _____

Phone to contact during boating season (If different from above): (____)_____

Permanent Residence Address (Number, Street, City, State, ZIP):

_____, _____

Summer Cape Elizabeth Address (If different) (Number, Street, City, State, ZIP):

_____, _____

Cape Elizabeth summer address is: (____) Owned, (____) Rented

Emergency Contact & Number (In case you can't be reached): _____/(____)_____

Assigned Mooring Block Location Lat. _____ Long. _____

Note: Location may need to be adjusted at installation to clear previous moorings. Final location to be reported if mooring causes contact with vessels on previous moorings, it must be moved at your expense.

Primary use of mooring is: (____) Recreational, (____) Commercial/Charter, (____) Govt.

Please provide a Photo of Mooring tackle. Emailed jpeg files are preferred.

Mooring Buoy Type: ☐ Poly Ball, ☐ Styrofoam Block, ☐ Plastic Barrel, ☐ Spar Buoy
☐ Hard Plastic Ball, ☐ Wood, Other _____ **Note:** Metal Kegs NOT Acceptable!

Note: Mooring Buoys must be white with blue stripe and marked with number.

Buoy marked with Name? ☐ Yes, ☐ No (Not required but recommended)

Anchor Type: ☐ Mushroom, ☐ Granite Block, ☐ Concrete Block, ☐ Habitat Mooring, ☐ Helical

Weight: _____ Scale used: _____ Other, describe: _____ Painter length: _____

Size of Lower chain: _____ length: _____ Size of upper chain at buoy: _____ length: _____

Total chain length: _____ Shackles size: ☐ S.S., ☐ Galv, Other ☐

(Must be Safety wired iwth suitable non corrosive tie of adequate breaking strength.)

Elastic Mooring System (Brand, Age & Tonnage Rating): _____

Mean Low Tide Water Depth: _____ Mooring installed date: _____

Vessel Name: _____ State or Federal Number: _____

Length: _____ Draft: _____ Height of Bow: _____ Color of Hull: _____ Type: _____

Type: ☐ Inboard Power, ☐ Outboard Power, ☐ I/O, ☐ Rowboat, ☐ Retractable keel sailboat

☐ Fixed Keel Sailboat, ☐ Auxiliary Sail, inboard, ☐ Auxiliary Sail, outbard,

☐ Other, floating dock, etc. _____ ARMY Corp Permit # _____

Fuel: ☐ Gas, ☐ Diesel, ☐ Electirc, ☐ None Dingy: _____

If lobster boat, lobster license number and buoy color: _____/_____

Inspected & Certified by (Print): _____ Date of Inspection: _____

(Please send copy of yearly inspection to Harbormaster due by June 15, each year.)

Mooring Owners Signature: _____ Date: _____

Harbormaster Approval: _____ Date: _____

Note: Plan to use mooring for more than one vessel? List additional vessels:
