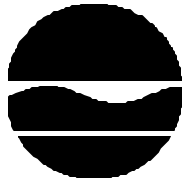


**New York State Department of Environmental Conservation
Division of Environmental Permits**



APPLICATION FOR PERMIT: FLOATING OBJECTS OTHER THAN AIDS TO NAVIGATION

Section 35-a Navigation Law

1A. NAME AND ADDRESS OF APPLICANT Name: _____ Street Address: _____ Phone: _____ City: _____ State: _____ Zip Code: _____		1B. e-MAIL ADDRESS (Optional) _____ 2. TYPE OF FLOATING OBJECT PROPOSED <input type="checkbox"/> Restricted Area Marker <input type="checkbox"/> Hazard Warning Marker <input type="checkbox"/> Information Marker <input type="checkbox"/> Controlled Area Marker <input type="checkbox"/> Mooring Buoy(s) <input type="checkbox"/> Special Anchorage Area Marker <input type="checkbox"/> Other (Identify) _____	
3. LOCATION OF FLOATING OBJECT Waterway _____ City/Town _____ County _____			
4A. ARE YOU THE ADJACENT UPLAND OWNER TO WHERE THE FLOATING OBJECT(S) WILL BE PLACED? <input type="checkbox"/> Yes <input type="checkbox"/> No		4B. ARE YOU THE FEE OWNER OF THE UNDERWATER LANDS OVER WHICH THE FLOATING OBJECT(S) WILL BE PLACED? <input type="checkbox"/> Yes <input type="checkbox"/> No	
5A. NAME AND ADDRESS OF CONTACT PERSON (if different than applicant). _____ _____		5B. Telephone Number: _____ 5C. e-Mail Address (Optional): _____	
6. EXPLAIN REASON FOR PLACING FLOATING OBJECT(S):			
7. EXPLAIN TYPE AND QUANTITY OF BOATING TRAFFIC IN THE AREA WHERE THE FLOATING OBJECT WILL BE PLACED:			
8. ARE YOU AWARE OF ANY OBJECTION TO THE PLACING OF THIS OBJECT FROM ADJACENT LANDOWNERS, LOCAL GOVERNMENT OFFICIALS OR ANY OTHER PERSON? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", explain on separate sheet.			
9. WILL THE EXISTENCE OF THIS FLOATING OBJECT IN ANY WAY OBSTRUCT OR ENDANGER NAVIGATION, OR OBSTRUCT OR OTHERWISE HINDER SAFE ACCESS TO ANOTHER PERSON'S PROPERTY? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", explain on separate sheet.			

INSTRUCTIONS

NOTE: Please Read and Follow Instructions Carefully.

1. **Complete all sections (Items #1-9). Failure to submit a complete application will delay processing of your application.**
2. **Refer to checked boxes on attached transmittal letter for additional required items.**
3. **The application form must bear an original signature.**

I hereby affirm that information provided on this form and all attachments submitted herewith is true to the best of my knowledge and belief. False statements made herein are punishable as a Class A misdemeanor pursuant to Section 210.45 of the Penal Law. Further, the applicant accepts full responsibility for all damage, direct or indirect, of whatever nature, and by whomever suffered, arising out of the project described herein and agrees to indemnify and save harmless the State from suits, actions, damages and costs of every name and description resulting from said project.

Date _____ Signature of Applicant _____ Title _____