



**APPLICATION AND AGREEMENT
FOR BOAT DOCK LICENSE
ON LAKE NACIMIENTO**
(Please print or type clearly)

1. DOCK OWNER(S): _____ DATE: _____
2. PERMANENT MAILING ADDRESS: _____
3. TELEPHONE #: _____ CELL PHONE #: _____
4. EMAIL ADDRESS: _____

IF PURCHASED FROM ANOTHER DOCK OWNER PLEASE PROVIDE PREVIOUS OWNER'S NAME AND ADDRESS ALONG WITH DOCK NUMBER:

3. PROPERTY OWNED BY APPLICANT: YES _____ NO _____

A. IF **YES**, SAN LUIS OBISPO (SLO) COUNTY ASSESSOR'S PARCEL NUMBER: _____
_____ (ATTACH MOST RECENT COPY OF TAX BILL).

B. IF **NO**, ATTACH LETTER FROM PROPERTY OWNER (INDIVIDUAL, HOMEOWNERS' ASSOC., ETC.)
GRANTING PERMISSION, WHICH MUST INCLUDE PROPERTY OWNER'S NAME, TELEPHONE NUMBER,
AND COPY OF MOST RECENT SLO COUNTY TAX BILL INDICATING PARCEL NUMBER.

4. TYPE OF STRUCTURE: _____
Total # Docks & slips --- Width (ft.) Length (ft.) Height (in.)

5. CONSTRUCTION MATERIALS: _____

6. TYPE OF FLOTATION: _____

7. TYPE AND DESCRIPTION OF ANCHORAGE: _____

8. LOCATION AND DESCRIPTION OF STRUCTURE (MARK ON ATTACHED MAP): _____

9. IN CASE OF EMERGENCY, CONTACT:

NAME: _____ RELATION: _____

ADDRESS: _____

TELEPHONE #: _____

CURRENT PHOTO OF YOUR DOCK MUST BE ATTACHED.

Attached is a Certificate of Insurance in the amount of not less than \$500,000 for public liability and property damage. (**"Monterey County Water Resources Agency" must be listed as an "Additional Certificate Holder."**)

AGREEMENT

I, _____, agree to hold the Monterey County Water Resources Agency and its officers, agents, and employees harmless for any damage or injury resulting from the installation or use of this dock.

I, _____, agree to meet the licensing conditions and maintain this structure in such condition as to satisfy the minimum structural requirement. I also agree to pay the disposal fee of \$300 for a single-slip dock, and \$125 for each additional slip in a multiple slip dock, and pay \$100 per day if said licensing and maintenance requirements are not met. I further agree to abide by all the regulations as set forth in Ordinance No. 4065, adopted by the Monterey County Board of Supervisors on the 30th day of May, 2000.

Signed: _____

Date: _____

Please complete and return to:

***Monterey County Water Resources Agency
P. O. Box 930
Salinas, CA 93902-0930***

***Telephone: (831) 755-4860
FAX: (831) 424-7935***

