



DOCK PERMIT APPLICATION TOWN OF GRAY MAINE

For Office Use Only

Permit No: _____

Date Submitted: _____

Date Paid/Initials: _____

Amount Paid: _____

1. Property Owner	2. Property Owner Address	3. Property Owner Phone Number
4. Location/Address of Property	5. Tax Map & Lot Number Map _____ Lot _____ - _____ - _____	

6. Please provide a sketch of the existing/proposed dock(s) with dimensions. You may use the grid lines for scale.

Owner Signature	Date
CEO Approval	Date