

BALTIMORE CITY

OFFICE OF TRANSPORTATION

APPLICATION FOR DOCKING AT BALTIMORE CITY'S INNER HARBOR

DATE OF APPLICATION: _____

APPLICANT'S NAME: _____

BUSINESS ADDRESS: _____

TELEPHONE NO.: _____

NONPROFIT ORGANIZATION: _____

APPLICATION SUBMITTED BY:

Laura M. Stevenson	410-522-7300
Executive Director	410-522-3405 (Fax)
Sail Baltimore	laura@sailbaltimore.org
3720 Dillon Street	www.sailbaltimore.org
Baltimore, MD 21224	

VESSEL INFORMATION

NAME OF VESSEL: _____

SIZE OF VESSEL: **LENGTH** _____ **BEAM** _____ **DRAFT** _____

SIZE OF CREW: _____

LOCATION OF DOCKAGE REQUEST: _____

DATE/TIME OF ARRIVAL: _____

DATE/TIME OF DEPARTURE: _____

LAST PORT OF CALL: _____

NATURE OF VISIT: _____

SPECIAL EVENTS DURING VISIT

TYPE OF EVENT: _____

DATE/TIME OF EVENT: _____

LOCATION OF EVENT: _____

SPECIAL EQUIPMENT REQUIRED FOR EVENT: _____

DATE/TIME OF VISITING HOURS IF OPEN TO PUBLIC: _____

SERVICES REQUESTED

DOCKAGE FEE IF APPLICABLE: _____

ELECTRIC: _____

TYPE/SIZE OF HOOK-UP: _____

WATTS: _____

VOLTAGE: _____

AMPS: _____

WATER: _____

TYPE/SIZE OF HOOK-UP: _____

SERVICES REQUESTED WHICH ARE NOT PROVIDED BY BALTIMORE CITY

TELEPHONE: _____

TELEPHONE NO. IF SERVICE PROVIDED: _____

SEWAGE: _____

COMPANY NAME & ADDRESS: _____

TELEPHONE NO.: _____

RIGHT OF ENTRY FOR SEWAGE SERVICES: _____

LINE HANDLERS: _____

COMPANY NAME & ADDRESS: _____

TELEPHONE NO.: _____

TUGS: _____

COMPANY NAME & ADDRESS: _____

TELEPHONE NO.: _____

PILOTS: _____

SANITATION: _____

NAME & ADDRESS OF GARBAGE REMOVAL COMPANY: _____

TELEPHONE NO: _____

FOR DOCKMASTER'S OFFICE

DOCKAGE LOCATION: _____

APPROVED: _____

DISAPPROVED: _____

SEE ME: _____