



**TOWN OF GRAVENHURST BUILDING DEPARTMENT**

**BOAT TRAVEL REQUEST FORM**

PERMIT # \_\_\_\_\_

**(Return Fax # 705-687-7016)**

Water travel is restricted for safety reasons. Please read the Town Policy regarding water travel. Please complete the form and submit it to the proper department. The Town may at any time cancel the trip.

**TO BE COMPLETED BY THE CUSTOMER:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Owner Name & 911 Address & roll # of property to be inspected: \_\_\_\_\_

On Site Phone Number: \_\_\_\_\_ Cell: \_\_\_\_\_

Point of Departure: \_\_\_\_\_ Approx. Travel Time: \_\_\_\_\_

Describe route to be taken: (includes landmarks etc. en route) \_\_\_\_\_

**CUSTOMER TO COMPLETE IF BOAT IS BEING SUPPLIED:**

Make of Vessel: \_\_\_\_\_ Year: \_\_\_\_\_ Length: \_\_\_\_\_

Composition:  Wood  Aluminum  Fiberglass  Other (Please specify): \_\_\_\_\_

Describe the Hull:  Shallow  Medium  Deep

The customer will supply all safety equipment required by law.

Customer's Pleasure Craft Operator Card Licence Number: \_\_\_\_\_

I acknowledge the Town of Gravenhurst policy for water travel. Further, I agree to abide by all the requirements of this policy and all requirements by law. I understand and agree that the water crossing may be cancelled at anytime.

\_\_\_\_\_  
(Customer Signature)

\_\_\_\_\_  
(Date)

**FOR OFFICE USE ONLY**

Weather Forecast: \_\_\_\_\_

Must call supervisor when you have returned to departure area.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Chief Building Official or Designate Signature

\_\_\_\_\_  
Date