



**Village of Sag Harbor**

**2021 Mooring Inspection Form**

P.O. Box 660 · 55 Main Street · Sag Harbor, NY · 11963

Phone: 631-725-0222 · Fax: 631-725-0316

**2021 MOORING INSPECTION FORM**

DATE OF MOORING INSPECTION: \_\_\_\_\_

MOORING LOCATION: \_\_\_\_\_

BOAT OWNERS NAME: \_\_\_\_\_

VESSEL NAME: \_\_\_\_\_

SIZE OF BOAT: \_\_\_\_\_ VESSEL TYPE: \_\_\_\_\_ SAIL \_\_\_\_\_ POWER \_\_\_\_\_

CONDITION OF MUSHROOM: \_\_\_\_\_ SIZE (LBS.): \_\_\_\_\_

CONDITION OF BOTTOM CHAIN: \_\_\_\_\_ SIZE: \_\_\_\_\_

CONDITION OF TOP CHAIN: \_\_\_\_\_ SIZE: \_\_\_\_\_

CONDITION OF SHACKLES: \_\_\_\_\_ SIZE: \_\_\_\_\_

CONDITION OF SWIVELS: \_\_\_\_\_ SIZE: \_\_\_\_\_

CONDITION OF RINGS: \_\_\_\_\_ SIZE: \_\_\_\_\_

CONDITION OF MOORING BALL: \_\_\_\_\_ SIZE: \_\_\_\_\_

CONDITION OF PENNANT LINES: \_\_\_\_\_ SIZE: \_\_\_\_\_

PENNANT LINE LENGTH: \_\_\_\_\_

**EXPLANATION OF WHAT WAS REPAIRED OR REPLACED:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

This mooring and tackle comply with Village Mooring Guidelines

NAME OF CONTRACTOR: \_\_\_\_\_ DATE: \_\_\_\_\_

NAME OF INSPECTOR: \_\_\_\_\_ DATE: \_\_\_\_\_

**Please return completed form to the above address. If a local marina is inspecting your mooring, please inform this office who will be submitting the form.**