

Highland Lakes Marina Ordinance Forms



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MARINA FACILITY DESCRIPTION

Form A



Enter a quantity in each field that applies. Use "N/A" in fields that are not applicable. Do not answer "Yes" or "No."

	Existing Quantity	Additional Quantity Proposed	Total Existing and Proposed
Wet mooring slips	30		30
End ties	N/A		
Personal watercraft dock or ramp (prefabricated)	9	3	12
Personal watercraft dock or ramp (built on site)	N/A		
Dry stack storage spaces	N/A		
Dry boat storage spaces	N/A		
Courtesy dock slips	N/A		
Fish house	N/A		
Fishing pier	N/A		
Swim platform	N/A		
Ship's store	N/A		
Marine service station	N/A		
Fuel dispenser units	N/A		
Underground fuel storage tank	N/A		
Aboveground fuel storage tank	N/A		
Watercraft maintenance area	N/A		
Boat sewage pump-out facility	N/A		
Restaurant over the water	N/A		
Restroom facility (public & private)	N/A		
Bath/shower facility (public & private)	N/A		
Boat launch ramp	N/A		
Other over-the-water structures	N/A		

Does the applicant have plans for future development at this marina facility that are not included in this permit application? (Select one)

Yes No

If yes, explain:

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CERTIFICATION OF COMPLIANCE FOR ELECTRICAL INSTALLATIONS & SYSTEMS



In accordance with the LCRA Highland Lakes Marina Ordinance Section 5.4

Form B

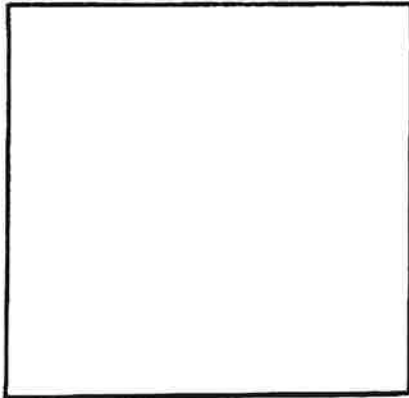
By my signature, I certify to the Lower Colorado River Authority that the electrical installations and systems of the Boat House Deckminiums Marina Facility are designed to ensure public safety and comply with the most recent editions of the National Electrical Code (NEC), National Electrical Safety Code (NESC).

Signature: *Chad Pollaride*

Printed name: Chad Pollaride

Date: 5-28-26

Certification by a professional engineer, affix seal here:



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Certification by a master electrician:

Name of master electrician: Chad Pollaride

License number: ME 486010 TECL: 39706

Licensing municipality: TDLR

License expiration date: ME 10/2/26 TECL 11/19/26

PROFESSIONAL ENGINEER'S CERTIFICATION OF A MARINA FACILITY



In accordance with the LCRA Highland Lakes Marina Ordinance Section 5.4

Form C

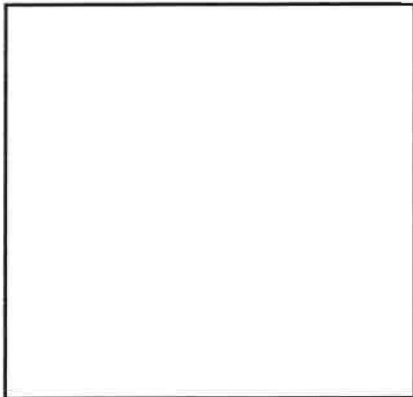
By my signature as a professional engineer licensed in the State of Texas, I certify to the Lower Colorado River Authority that the civil, structural, [REDACTED] systems of the Waterside Dockminiums located at 20965 Waterside DR. Lago Vista, Texas Marina Facility are designed to ensure public safety.

Signature: 

Printed name: Chris A. Hewitt, PE

Date: May 03, 2026

Professional Engineer's Seal:



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AFFIDAVIT (PROPERTY CONTROL)

Form D



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THE STATE OF TEXAS

COUNTY OF Travis

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BEFORE ME, the undersigned authority, a Notary Public in and for said County, State of Texas, on this day personally appeared Gary Phillips who, after being duly sworn on his/her oath that he/she is entitled to make this Affidavit, and that the statement contained in the foregoing is based on his/her personal knowledge and is true and correct:

I, Gary Phillips for and on behalf of Boathouse Dockominiums AMD (Applicant), have applied for a permit with the Lower Colorado River Authority in accordance with the Lower Colorado River Authority Highland Lakes Marina Ordinance, as originally adopted on July 19, 1984, and subsequently amended, and I hereby swear that I (or the entity I represent) own, lease or otherwise control all of that said property over which the marina facilities described in said application (will) exist.

Affiant signature: 

Affiant printed name: Gary Phillips

Affiant title and relationship to applicant: President - Boathouse Dockominiums AMD

SUBSCRIBED AND SWORN TO BEFORE ME, this 6th day of May, 2026





Notary Public in and for

Travis County, Texas

My commission expires: 5-16-2026

Printed name: Rise Johns

CHECKLIST OF INFORMATION REQUIRED FOR A MARINA PERMIT



Form E

This checklist summarizes the items required for most marina permit applications. This list is not all-inclusive, and all items may not be required for each application. Call LCRA Water Surface Management at 512-473-3200 for assistance in determining the specific items required for your application.

LCRA recommends reviewing the [Highland Lakes Marina Ordinance](#) and the associated [Technical Manual](#) prior to preparing any of the items on this checklist.

Drawings, Plans and Maps:

- Location and configuration, per HLMO § 5.2
- Electrical, per HLMO § 5.4(a)
- Marine service station, per HLMO § 5.1(c)
- Structural
- Anchoring

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Other Items:

- Marina facility description, per HLMO § 6.1(c)(3)(c) (**FORM A**)
- Electrical certification of compliance, per HLMO section 5.5(a) (**FORM B**)
- Professional engineer's certification, per HLMO § 5.4(a) (**FORM C**)
- Representation of applicant or permittee, per HLMO section 5.3)
- Affidavit on property control, per HLMO § 5.2(a)(i)(2) (**FORM D**)
- Permit application form, per HLMO § 6.1(c) (**FORM F**)
- Calculations of water surface area, per HLMO § 6.1(c)(ii)(3)(b)
- Insurance certificate, per HLMO § O § 5.4(c)
- Map(s) from the tax appraisal district, per HLMO § 6.1(f)(iii)(1)
- Property ownership records from the tax appraisal district, per HLMO § 6.1 (g)(ii)(1)
- Property control information, per HLMO (HLMO § 5.2(a)
- Water quality analysis statement, per HLMO section 5.1(b)
- Check payable to LCRA for fees, per HLMO section 6.1D

Miscellaneous:

- Fire extinguisher plan, per HLMO § 5.6(ii)
- Navigational lighting plan, per HLMO § 5.4(b)
- Other:

MARINA FACILITY PERMIT APPLICATION

In accordance with the Highland Lakes Marina Ordinance



Form F

DO NOT WRITE IN THIS SPACE – FOR LCRA USE	Date received: <u>5/8/20</u>
Application number: <u>1324</u>	
Customer number: <u> </u>	
Fee enclosed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Check number: <u>25032</u>	

ALL FIELDS MUST BE COMPLETED. USE "N/A" IN FIELDS THAT DO NOT APPLY.

What is the reason for this application? (select one)

- Permit to construct (For construction of a new marina facility)
- Permit amendment (For a marina facility with an existing valid permit)
- Emergency reconstruction (To repair damaged portions of marina facility with an existing valid permit)

What type of facility is proposed by this application? (select one)

- Marina Facility (includes commercial facilities, marine service stations, restaurants over the water and non-commercial floating facilities larger than 1,500 square feet)
- Existing Community Marina
- Residential Marina
- Youth Camp

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Applicant and Marina Information:

Applicant name: Boathouse Dockominiums AMD

Marina facility name: _____

If the marina facility name is different from the applicant's name, the application must also submit a d/b/a certificate.

On which Highland Lake is the facility located? (Select one)

- Buchanan
- Inks
- LBJ
- Marble Falls
- Travis

Water surface area to be occupied by proposed construction: 21,948 sq. ft

Assignment fee submitted with application: \$ \$1,000.00

Billing Address:

Name: Gary Phillips
Email: powerbroker49@yahoo.com
Address: 20965 Waterside Dr
City: Lago Vista State: TX ZIP code: 78645

Correspondence Address (if different from above):

Attention: _____
Email: _____
Address: _____
City: _____ State: _____ ZIP code: _____

Physical Address of the Facility:

Street address: 20990 Waterside Dr
City: Lago Vista State: TX ZIP code: 78645
Marina phone: _____ Email: _____
Marina manager: _____ Manager phone: _____

Property Ownership and Control:

For each parcel over which the marina facility is located, indicate whether the parcel is (select one):

- Owned by the applicant
- Leased by the applicant
- Otherwise controlled by the applicant (i.e. license agreement, easement, etc.).
Explain the nature of the control:

Each dock owner owns an undivided 3.2% interest in the land described in Travis County tax records as Parcel 565484.

If different from the applicant, identify the owner(s) of each affected parcel:

Parcel number: Please see attached documents
Owner's name: _____
Address: _____
City: _____ State: _____ ZIP code: _____

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Identify the documentation submitted with this application demonstrating the applicant has ownership or control of the affected parcel(s):

Please see attached documents

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NOTE: Add additional sheets as necessary for any marina facility that is located over multiple parcels owned by separate parties.

Has the applicant designated another person to act on his/her behalf? (select one)

Yes No

If yes, provide the following information about the designee:

Name: Shane Lowrie c/o Reliable Boat Dock Service

Email: shane@reliableboatdockservice.com Phone: 512.650.5425

Address: 19601 FM 1431

City: Jonestown State: TX ZIP code: 79645

Identify documentation submitted that demonstrates the designee's authority to act on behalf of the applicant:

See attached document

Marina designer/engineer information:

Name: Hollingsworth Pack c/o Chris Hewitt

Email: chris.h@holl-pack.com Phone: 512.275.6060

Address: 3801 S Congress, Suite 110

City: Austin State: TX ZIP code: 78704

Marina contractor information:

Name: Reliable Boat Dock Service

Email: shane@reliableboatdockservice.com Phone: 512.650.5425

Address: 19601 FM 1431

City: Jonestown State: TX ZIP code: 78645

Federal identification number: 20-4635928

Submit documentation demonstrating that all franchise taxes have been paid.

Has the applicant applied for any other LCRA permits? (select one)

- Yes No

If yes, provide the permit information:

Has any other local, state or federal regulatory authority denied approval of any portion or project associated with this application? (select one)

- Yes No

If yes, explain on a separate sheet of paper.

Identify all other licenses, permits or other regulatory approvals applicant is seeking from other local, state or federal regulatory authorities as part of this project:

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For the APPLICANT (New Owner):

To the best of my knowledge, all information contained in this application form and in the attachments submitted as part of this application is true and correct. I am aware that LCRA, at any reasonable time, has the right, power and authority to inspect docks, piers, wharves, jetties, sewage disposal systems, fuel systems, pollution control structures and any other facilities associated with the Marina Facility and located in or upon any property of the Marina Facility herein described.

Applicant's signature: [Handwritten Signature]

If the applicant is not an individual, see Section 12 of the HLMO Guidance Document to determine who must sign the application.

Applicant's title: President

Applicant's printed name: Gary Phillips

Applicant's email: powerbroker49@yahoo.com

SUBSCRIBED AND SWORN TO BEFORE ME, this 6th day of May, 2026.



[Handwritten Signature]
Notary Public in and for

Travis _____ County, Texas

My commission expires: 5-16-2026

Printed name: Rise Johns

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Submit the notarized application with original signatures.

APPLICATIONS MAY BE MAILED TO:

Lower Colorado River Authority
Marina Permitting
P.O. Box 220
Austin, TX 78767

APPLICATIONS MAY BE DELIVERED DURING REGULAR BUSINESS HOURS TO:

Lower Colorado River Authority
Marina Permitting
3601 Lake Austin Blvd.
Austin, TX 78703

APPLICATIONS MAY BE EMAILED TO: HLMO@lcra.org

An applicant who submits documents via email must also supply documents with original signatures and scaled drawings by mail or in person, even if the documents also are included in the emailed application.

April 26, 2026

To: LCRA

Subject: Marina Application for Boathouse Dockominiums

This letter is to authorize **Shane Lowrie of Reliable Boat Dock Service** to act on our behalf with respect to the referenced Marina Application with your office. This will remain in full force and effect unless terminated in writing and communicated to your office.

Thank you,

A handwritten signature in black ink, appearing to read "G Phillips", with a stylized flourish at the end.

Gary Phillips
President-Boathouse Dockominiums AMD

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CERTIFICATE OF PROPERTY

DATE (MM/YY/YYYY)
02/04/2026

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

If this certificate is being prepared for a party who has an insurable interest in the property, do not use this form. Use ACORD 27 or ACORD 28.

PRODUCER Associations Insurance Agency, Inc. 2301 N Greenville Richardson, TX 75082	CONTACT NAME: Associations Insurance Agency, Inc.	
	PHONE: (866) 384-8579	FAX: (214) 751-2390
INSURED Boat House Dockominiums, Inc. c/o Goodwin & Company 11950 Jollyville Rd Austin, Texas 78759	E-MAIL ADDRESS: CertificateRequest@AssociationsInsuranceAgency.com	
	PRODUCER CUSTOMER ID: 00003921	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: Century Surety Company	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	




COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

LOCATION OF PREMISES / DESCRIPTION OF PROPERTY (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
TOTAL # OF UNITS: 30

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFF DATE (MM/DD/YYYY)	POLICY EXP DATE (MM/DD/YYYY)	COVERED PROPERTY	LIMITS	
A	<input checked="" type="checkbox"/> PROPERTY	CCP1362500	01/14/2026	01/14/2027	BUILDING	\$ 0	
	CAUSES OF LOSS				DEDUCTIBLES	OTHER BLDG - BASEMENT	\$ 0
	BASIC				BUILDING \$5,000	OTHER BLDG - GARAGE	\$
	BROAD				CONTENTS	BUSINESS INCOME	\$ 0
	<input checked="" type="checkbox"/> SPECIAL					RENTAL VALUE	\$
	EARTHQUAKE					BLANKET BUILDING	\$ 0
	<input type="checkbox"/> NAMED WIND					BLANKET PERS PROP	\$ 0
	FLOOD					BLANKET BLDG & PP	\$ 575,000
	<input type="checkbox"/> WATER					<input type="checkbox"/> ICE DAMMING DED.	\$
	<input type="checkbox"/> W/H DED. BB					<input checked="" type="checkbox"/> WIND & HAIL DED.	\$ 10%
B	<input type="checkbox"/> INLAND MARINE	TYPE OF POLICY				\$	
	CAUSES OF LOSS					\$	
	<input type="checkbox"/> NAMED PERILS	POLICY NUMBER				\$	
						\$	
B	<input type="checkbox"/> CRIME				<input type="checkbox"/> EMPLOYEE THEFT	\$	
	TYPE OF POLICY Crime / Employee Theft				<input type="checkbox"/> DEDUCTIBLE	\$	
	<input type="checkbox"/> BOILER & MACHINERY / EQUIPMENT BREAKDOWN				LIMIT	\$	
						\$	
						\$	

SPECIAL CONDITIONS / OTHER COVERAGES (Attach ACORD 101, Additional Remarks Schedule, If more space is required)

CERTIFICATE HOLDER ** Insurance Verification **  	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE  Dana Hodge
--	---

COMMENTS / REMARKS

Boat House Dockominiums, Inc. - CERTIFICATE OF PROPERTY INSURANCE CONT.

If Property coverage is purchased by the Insured, the Certificate Holder, if a mortgagee or lienholder, is a Loss Payee as their interest may appear as respects to the Property coverage.

If a Wind/Hail Deductible Buy Back policy is purchased by the Insured, the Wind/Hail Deductible Buy Back supersedes the Wind/Hail deductible on the Property policy.

If Crime coverage is purchased by the Insured, the management company is an Additional Insured with respects to the Crime policy.

We provide at least ten days' notice of cancellation to the first Named Insured on the policy.

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/YY/YYYY)
02/04/2026

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

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PRODUCER Associations Insurance Agency, Inc. 2301 N Greenville Richardson, TX 75082	CONTACT NAME: Associations Insurance Agency, Inc.	
	PHONE: (866) 384-8579	FAX: (214) 751-2390
E-MAIL ADDRESS: CertificateRequest@AssociationsInsuranceAgency.com		
PRODUCER CUSTOMER ID: 00003921		
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURED Boat House Dockominiums, Inc. c/o Goodwin & Company 11950 Jollyville Rd Austin, Texas 78759	INSURER A: Century Surety Company	
	INSURER B:	
	INSURER C: Continental Casualty Company	
	INSURER D:	
	INSURER E:	
INSURER F:		

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF DATE (MM/DD/YYYY)	POLICY EXP DATE (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> SEVERABILITY OF INTEREST	x	x	CCP1362500	01/14/2026	01/14/2027	EACH OCCURRENCE \$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			CCP1362500	01/14/2026	01/14/2027	COMBINED SINGLE LIMIT (Ea accident) \$ Excluded BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
B	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						EACH OCCURRENCE \$ AGGREGATE \$
E	DED <input type="checkbox"/> RETENTION \$						\$
D	WORKERS COMPENSATION AND EMPLOYERS LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A					<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER \$ E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
C	Directors & Officers			768671131	01/14/2026	01/14/2027	LIMIT \$ 1,000,000 DEDUCTIBLE \$ 2,500

SPECIAL CONDITIONS / OTHER COVERAGES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

TOTAL # OF UNITS: 30

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CERTIFICATE HOLDER**CANCELLATION**

** Insurance Verification **

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SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Dana Hodge

COMMENTS / REMARKS

Boat House Dockominiums, Inc. - CERTIFICATE OF LIABILITY INSURANCE CONT.

If General Liability coverage is purchased by the Insured, the management company is an Additional Insured with respects to the General Liability policy.

If D&O coverage is purchased by the Insured, the management company is an Additional Insured with respects to the D&O policy.

If Umbrella Liability coverage is purchased by the Insured, the Umbrella Liability policy is following form as per the General Liability policy.

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MARINA PROGRAM REVENUE

TO: Billing, H-200

Date: 5/18/2026

CSmart
Signature

Marina Employee: Clara Smart

CUSTOMER INFORMATION

Boathouse Dockominiums AMD

Gary Phillips

20965 Waterside Drive

Lago Vista, TX 78645

Permit Number: 1324

Customer Number:

BILLING CALCULATIONS

Square Feet (0-10,000): 10,000 X \$.08 = \$.00

Square Feet (10,001 - Greater): 32,766 X \$.23 = \$.00

Other: Marina Facility Permit Application Fee \$1,000.00

TOTALS \$500.00

ACCOUNTING

ORIGINAL CHECK HAS MULTIPLE SECURITY FEATURES. PRINTED ON CHEMICAL REACTIVE TONER FUSE PAPER-SEE BACK FOR DETAILS

Cking - Western Alliance

Western Alliance Bank

25032

Boat House Dockominiums, Inc.

2700 West Sahara Avenue
Las Vegas, NV 89102

11950 Jollyville Rd
Austin, TX 78759-2309
(512) 502-7500

PAY ****ONE THOUSAND DOLLARS AND 00/100 ****

DATE AMOUNT
4/30/2026 \$1,000.00

TO THE ORDER OF

Lower Colorado River Authority
PO BOX 301142
Dallas, TX 75303-1142

Clara

Marina Application Fee

