APPLICATION TO ASSIGN A MARINA FACILITY PERMIT



In accordance with the Highland Lakes Marina Ordinance

DO NOT WRITE IN THIS SPACE - FOR LCRA USE	Date received:
Application number:	
Customer number:	
Fee enclosed? Yes No	
Check number:	
ALL FIELDS MUST BE COMPLETED. USE "N/A" IN FIELDS T	HAT DO NOT APPLY.
Current Permit Information:	
Permit number:	
Name of permittee:	
Name of marina facility:	
On which Highland Lake is the facility located? (Select one)	
Buchanan Inks LBJ Marble F	Falls 🛛 Travis
What type of facility is being assigned? (Select one)	
Marina Facility (includes commercial facilities, marine ser non-commercial floating facilities larger than 1,500 squar	-
Existing Community Marina	
Residential Marina	
□ Youth Camp	
Applicant and Marina Information:	
Applicant name:	
Marina facility name:	
If the marina facility name is different from the applicant's name, the applican	nt must also submit a d/b/a certificate.
Assignment fee submitted with application: \$	
Billing Address:	
Name:	
Email:	
Address:	
City: State:	
,	

Correspondence Address (if different from above):

Attention:			
Email:			
Address:			
		ZIP code:	
Physical Address of the Fa	cility:		
Street address:			
City:	State:	ZIP code:	
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):

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

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

Address: City:	State:	ZIP code:
-		
Owner's name:		
Parcel number:		

Identify the documentation submitted with this application demonstrating the applicant has ownership or control of the affected parcels(s). Submit 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	e the following information abou	it the designee:	
Name:			
Email:			Phone:
Address:			
		State:	ZIP code:

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

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

□ Yes □ No

If yes, provide the permit information:

Has the applicant sought assignment of any LCRA land lease agreements? (select one)

□ Yes □ No □ N/A

Indicate the status of these assignments, if applicable, if they have not been finalized at the time of submitting this application:

Has the applicant sought assignment of any LCRA buoy permits? (select one)

□ Yes □ No □ N/A

Indicate the status of these assignments, if applicable, if they are not finalized at the time of submitting this application:

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 document and attach that to this application.

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

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:		
If the applicant is not an individual, see Section 12 of the HLMO Guida	ance Document to determine who must	sign the application.
Applicant's title:		
Applicant's printed name:		
Applicant's email:		
SUBSCRIBED AND SWORN TO BEFORE ME, this	a day of	, 20
	Notary Public in and for	
		County, Texas
	My commission expires:	
	Printed name:	

For the PERMITTEE (Seller):

As the current Permittee for the Marina Facility subject to the assignment sought by this application, I have reviewed the attached application. I acknowledge that, until such time as the assignment of the permit is complete, the current Permittee remains responsible to LCRA for all Marina Fees associated with this Marina Facility and may be held responsible for compliance with the Highland Lakes Marina Ordinance. 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.

Permittee's signature:

If the Permittee is other than an individual, reference Section 12 of the	e HLMO Guidance Document to detern	nine who must sign.
Permittee's title:		
Permittee's printed name:		
SUBSCRIBED AND SWORN TO BEFORE ME, this	day of	, 20
	Notary Public in and for	
		County, Texas
	My commission expires:	
	Printed name:	

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: <u>HLMO@lcra.org</u>

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.