



City of Bainbridge Island
Department of Planning and Community Development

MAINTENANCE AFFIDAVIT

Buoy Owner: _____

PROJECT NAME AND NUMBER: SSDP15435 - _____ (Individual buoy identifier)

I, _____, do hereby certify that I intend to complete in-water maintenance to my buoy in compliance with the Washington Department of Fish and Wildlife regulations in the next ninety (90) days. I plan on repairing or replacing the following components:

- Buoy
- Line
- Mid-line float
- Shackles
- Other:_____.

I understand that replacement or disturbance of embedment style anchor or surface anchor requires a new application to the City of Bainbridge Island.

Signature

Address

Date