



Application for Annual Operating License

Eagle Mountain
Bridgeport

Richland Chambers
Cedar Creek

Application Date:		
Facility Name:		
Permit#		
Owner:	Phone#:	
Manager:	Phone#:	
Facility Mailing Address:		
Physical Address if Different From Above:		
E-mail Address		
General Information		
Square Footage of Structures Located at or below Spillway Level		
Total Number of Slips:	Number of Covered Slips:	Is Fuel Sold? YES NO
Pump-out Facility Available:	YES	NO

I certify that the above information, and all other information submitted with this application is correct to the best of my knowlesge. I agree to operate the above facility in accordance with the rules and regulations set forth in the General Ordinance and Commercial Facilities Ordinance of the Tarrant Regional Water District.

The following must be submitted with this application:

1. Proof of insurance in accordance with TRWD's insurance requirements.
2. Proof of ownership of land contiguous to facility or addition.
3. Scale drawings indicating the location and configuration of the facility at the design elevation.
4. Complete plans and specifications for all sanitation and waste control facilities.
5. Calculations indicating amount of water surface, in square feet, occupied by each dock in the facility.

Owner

Date

Approved By:(TRWD)