



Date: _____

**CHARLOTTE COUNTY COMMUNITY SERVICES
MANATEE PROTECTION PLAN
SELF CERTIFICATION FOR EXISTING FACILITIES**

Facility Name: _____ Facility PID & Address: _____

Owner of Record: _____ Mailing Address: _____

Phone #: _____ E-mail Address: _____

Consultant Name, Phone # and E-mail (if applicable): _____

Facility Information: (check all that apply)

Type of Facility:

Public Marina Private Marina Multifamily Boat Ramp Individually owned slips # _____

Services:

Boat Sales Boat Storage Boat Repair Fuel Docks # _____ Boat Ramp # _____

Slip Rental Transitory Docks # _____ Launch/Retrieval (staging) Slips # _____

Other (explain): _____

Slip Count:

Wet Slips # _____ + Dry Slips # _____ = Total Slips # _____

Additional Info:

Waterbody: _____ Manatee signs # _____ Clean Marina Certified: Yes ___ No ___

FWC Approved Education Program: Yes ___ No ___ Brochures Available: Yes ___ No ___

Facility Siting Category: (check one)

Non-Preferred Conditional Preferred

Unrestricted Conservation Area

Applicants Signature

Date

For in-office use:

Total Confirmed Slips at Facility:

Wet Slips # _____ + Dry Slips # _____ = Total Slips # _____

Confirmed by: _____ Title: _____