

MISSOURI STATE HIGHWAY PATROL APPLICATION FOR BUOYS FOR THE WATERS OF THE STATE OF MISSOURI

Applicant is responsible for notifying the Missouri State Highway Patrol, Water Patrol Division, if any of the information changes.

<input type="checkbox"/> PRIVATE DOCK <input type="checkbox"/> COVE	DATE
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The application must be filled out in detail; if not, the application will be returned to the applicant for additional information.

APPLICANT LAST NAME / FIRST NAME / MI PERSON, BUSINESS OR ASSOCIATION	PRIMARY TELEPHONE NUMBER	SECONDARY TELEPHONE NUMBER
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MAILING ADDRESS	CITY	STATE	ZIP CODE
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911 LAKE STREET ADDRESS	CITY	STATE	ZIP CODE
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E-MAIL ADDRESS	PRIMARY CONTACT LAST NAME / FIRST NAME / MIDDLE NAME
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NAME OF LAKE OR RIVER	NAME OF LAKE / RIVER ARM	NAME OF COVE
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MILE MARKER	DESCRIPTION OF REQUESTED BUOY LOCATION (Example: 100' from center of dock)
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NAME OF COUNTY BUOYS ARE TO BE PLACED IN	TYPE OF BUOY BEING REQUESTED	NUMBER OF BUOYS REQUESTED
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APPROXIMATE SIZE OF DOCK	NUMBER OF DOCK SLIPS	TYPES OF BOATS MOORED IN SLIPS	DOCK PERMIT NUMBER
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The buoy permit holder is responsible for maintaining the buoy(s) in compliance with the buoy permit. If the buoys are not maintained properly, the permit may be revoked.

ADDITIONAL INFORMATION NEEDED FOR NO WAKE COVE APPLICANTS


1. A drawn diagram of the cove, docks in the cove and the shoreline (see sample diagram).
2. A county plot map of the cove with all affected owner's names indicated on their plot.
3. A petition signed by seventy-five (75) percent or more of the affected property owners approving of the proposed application (see sample petition).
4. Proof of eligibility to sign the petition for the affected owner's by providing a copy of their dock permit, personal property tax receipt or real estate property tax receipt.
5. Give the approximate dimensions of the cove where the proposed buoys would be placed:
Length: _____ Width: _____
6. A letter of approval from any affected property owners at or within one hundred (100) feet, outside of the proposed buoy line.
7. Additional information may be requested from the applicant during the Patrol's investigation of the application.

SIGNATURE OF APPLICANT	PRINTED NAME (LAST NAME, FIRST NAME, MIDDLE INITIAL)
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REASON FOR REQUESTING THE BUOY



INFORMATION BUOY:
Gives boater information such as public facilities.



CONTROLLED AREA:
Restricts operation of vessel within the area. Operator of boat must proceed at no wake, idle speed, or as otherwise indicated on said buoy.



DANGER BUOY: Marks underwater obstruction, submerged island, rocks, reefs or a shoal. Stay clear of these hazards.

Send application to: Missouri State Highway Patrol, Water Patrol Division, P.O. Box 568, Jefferson City, MO 65102-0568.
Physical address: 1510 E. Elm, Jefferson City, MO 65101 • Telephone: 573-751-3313 • Fax: 573-522-1287

PLEASE RETURN THIS ORIGINAL FORM TO THE ADDRESS ABOVE UPON COMPLETION.