



# Maryland Natural Resources Police

## Application for Marine Event Permit



For Official Use Only	
Permit Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No	Approved Permit Number: _____
COMMENTS / RESTRICTIONS	

**Instructions:**

This permit application must be properly completed in order for the Maryland Natural Resources Police to consider approval of a marine event on waters of the State of Maryland as required by the Annotated Code of Maryland, Natural Resources Article, §8-725.8.

Please read the following carefully:

- 1) A separate application must be completed for each proposed event. The application must be typed or printed legibly in black ink. Applications that are illegible will not be processed.
- 2) All information must be accurately completed.
- 3) The club or event chairperson must sign the application and type / print their name in the space provided.
- 4) A proposed event that continues over several consecutive days only needs to have one application submitted.
- 5) Applications must be submitted forty five (45) days prior to the proposed event.
- 6) Completing this Application for a Marine Event permit does not relieve the sponsor or organizer of the event from obtaining any other needed permit(s) that may be required by local law enforcement or any city, county, state, or federal government entity.
- 7) COMAR 08.04.06.02 requires that applicants submit a non-refundable application fee of \$100 with each application, in the form of a check made out to The Maryland Department of Natural Resources – NRP.
- 8) Send the completed application(s) and the non-refundable application fee (check) to:  
 Maryland Natural Resources Police  
 C/O Adjutant to the Superintendent  
 580 Taylor Ave E-3  
 Annapolis, MD 21401

**INCOMPLETE APPLICATIONS OR APPLICATIONS SUBMITTED WITHOUT THE REQUIRED APPROPRIATE FEE WILL BE AUTOMATICALLY DENIED.**

**Section A – General Information:**

Beginning Date of Event: _____ (MM/DD/YYYY)	Beginning Time of Event: _____	<input type="checkbox"/> AM <input type="checkbox"/> PM	
Ending Date of Event: _____ (MM/DD/YYYY)	Ending Time of Event: _____	<input type="checkbox"/> AM <input type="checkbox"/> PM	
Name of Sponsoring Organization / Club: _____			
Type of Event: _____		Name of Event: _____	
What is the estimated number of watercraft that will participate in the proposed event? _____ (Significant changes in the number of boats must be reported to the Natural Resources Police prior to the event.)			
<b>Location of Proposed Event</b>			
Body of Water _____	GPS Coordinates: _____	County: _____	
Closest Marina / Community: _____			
Do you anticipate any objection from other interested parties? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, in the next information block, provide the party's contact information and briefly explain their objection.			



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Name of objecting party: \_\_\_\_\_ Party's Phone #: \_\_\_\_\_

Party's Address: (Street Address, City, State, & Zip Code) \_\_\_\_\_

Explanation of Objection

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### Section B – Contact Information:

Name of Primary Person In-Charge of the Event: \_\_\_\_\_

Contact Information (Street Address, City, State, & Zip Code) \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Office Phone #: \_\_\_\_\_ Cellular Phone #: \_\_\_\_\_  
(Area Code + Number) (Area Code + Number) (Area Code + Number)

E-Mail Address: \_\_\_\_\_

Where will this person be during the event? (Enter specific location below)

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Name of Alternate Person In-Charge of the Event: \_\_\_\_\_

Contact Information (Street Address, City, State, & Zip Code) \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Office Phone #: \_\_\_\_\_ Cellular Phone #: \_\_\_\_\_  
(Area Code + Number) (Area Code + Number) (Area Code + Number)

E-Mail Address: \_\_\_\_\_

Where will this person be during the event? (Enter specific location below)

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### Section C – Attach a Detailed Site Plan

Attention: To complete your application, attach a detailed drawing, map, and written summary of your operations plan. Include a general description of the area, any associated land based activities, the placement of temporary buoys, channels and any other designated locations such as: first-aid stations, food vendors, event staging area(s), rest rooms, etc.

APPLICATION. COMPLETED BY: _____ (PRINTED NAME)			APPLICATION. COMPLETED BY: _____ (SIGNATURE)			DATE		
REVIEWING OFFICER'S SIGNATURE:			APPROVING OFFICER'S SIGNATURE			DATE		
ID NO.			ID NO.			DATE		