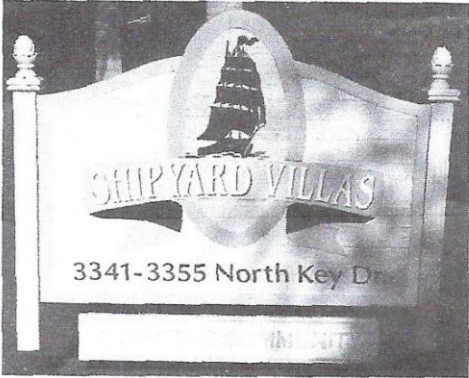


**Shipyard Villas Condominium Association,
Inc. Boatlift Application/Consent**



Application/Consent number _____ File Date ____/____/____

Name _____

Address _____ Unit # _____

City _____

State _____ Zip Code _____ Dock Number _____ Home Phone # _____

Cell # _____ E-Mail _____

Boatlift

Type _____ Capacity _____

Contractor _____ Contact person _____

Phone # _____ Permits by _____

Insurance Co. _____ policy # _____

Installation cost _____