



**City of Bainbridge Island**  
**Department of Planning and Community Development**

**MAINTENANCE AFFIDAVIT**

**Buoy Owner:** \_\_\_\_\_

**PROJECT NAME AND NUMBER:** SSDP15435 - \_\_\_\_\_ (Individual buoy identifier)

I, \_\_\_\_\_, do hereby certify that I intend to complete in-water maintenance to my buoy in compliance with the Washington Department of Fish and Wildlife regulations in the next ninety (90) days. I plan on repairing or replacing the following components:

- Buoy
- Line
- Mid-line float
- Shackles
- Other:\_\_\_\_\_.

I understand that replacement or disturbance of embedment style anchor or surface anchor requires a new application to the City of Bainbridge Island.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Address

\_\_\_\_\_  
Date