

**Town of Portland Office of the Assessor  
Marinas & Boatyards  
Income and Expense Survey for Calendar Year 2016  
Due June 1, 2017**

Information provided is CONFIDENTIAL, in accordance with Connecticut Law.

Property Name: \_\_\_\_\_  
 Property Address: \_\_\_\_\_  
 Form Preparer/Title: \_\_\_\_\_  
 Telephone Number: \_\_\_\_\_

**Marina Characteristics (See Definitions):**

Which of the following best describes your marina operation?

Marina:  Marina/Boatyard:  Dockominium/Cooperative:   
 Dry Land Marina:  Yacht Club:  Mixed Use:   
 Boatyard:  Park/Public Moorage:  Winter Storage:   
 Other: \_\_\_\_\_

Please provide a schedule of season and off-season rates for all facilities.

**In-Water Facilities (Please complete all that apply):**

Size of Slips	# of Slips	Rate	Available Utilities	Boat Launching Facilities
		\$	Electricity 110 <input type="checkbox"/>	Crane <input type="checkbox"/>
		\$	Electricity 220 <input type="checkbox"/>	Forklift <input type="checkbox"/>
		\$	Water <input type="checkbox"/>	Hydraulic Trailer <input type="checkbox"/>
		\$	Telephone <input type="checkbox"/>	Travel Lift & Well <input type="checkbox"/>
Moorings		\$	Cable TV <input type="checkbox"/>	Boat Ramp <input type="checkbox"/>
<b>TOTAL</b>		\$	Other: <input type="checkbox"/>	<input type="checkbox"/>

Please reflect rental basis (\$/l.f./month; \$/unit/season).

**Dry Land Facilities (Please complete all that apply)**

Dockside Services	Boat/Auto Storage	Size Range	Additional Facilities		
Office <input type="checkbox"/>	Drystack <input type="checkbox"/> #		Overnight dockage <input type="checkbox"/>	Rental/Charter Svc <input type="checkbox"/>	
Fuel Facilities <input type="checkbox"/>	Other Indoor <input type="checkbox"/> #		Retail Store <input type="checkbox"/>	Laundry <input type="checkbox"/>	
Engine Repair <input type="checkbox"/>	Outdoor <input type="checkbox"/> #		Restaurant <input type="checkbox"/>	Showers <input type="checkbox"/>	
FbrGlass Repair <input type="checkbox"/>	Auto Spaces <input type="checkbox"/> #		Apartments <input type="checkbox"/>	Restrooms <input type="checkbox"/>	
			Lockers <input type="checkbox"/>	Portalet <input type="checkbox"/>	

See over-

**Product and Service Income**

Slips/Mooring	\$ _____
Slips/Mooring Available for Transients	_____
Storage	_____
Hauling	_____
Launch Service	_____
Repair Service	_____
Fuel/Oil Sales	_____
Retail Sales	_____
Food Service	_____
Apartment/Lodging Income	_____
Utility Charges/Miscellaneous Income	_____
<b>Total Revenue</b>	<b>\$ _____</b>

**Annual Operating Expenses:**

Fixed Expenses

Property Taxes	\$ _____
Personal Property Taxes	_____
Rent: Building/Docks/Land	_____
Rent: Equipment	_____
Insurance	_____
Total Fixed Expenses	\$ _____

Variable Expenses

Owner's Salary/Management Fee	\$ _____
Administrative/General	_____
Salaries, Payroll & Related Benefits	_____
Professional (Legal, Accounting, etc)	_____
Repairs/Maintenance	_____
Utilities (Heat, Light, Power)	_____
Trash Removal	_____
Sales/Marketing	_____
Total Variable Expenses	\$ _____

**Total Operating Expenses** \$ \_\_\_\_\_

**Net Operating Income** \$ \_\_\_\_\_

(Total Revenue less Total Operating Expenses)

Do any of the figures include capital expenditures or extraordinary costs which vary from typical operating expenses? Yes / No If yes, explain: \_\_\_\_\_

Please complete attached schedule A & B **including contact information for lessees** listed on schedule B.

\_\_\_\_\_  
Signature & Position Date Phone Number