

**Town of Portland Office of the Assessor
Marinas & Boatyards
Income and Expense Survey for Calendar Year 2015
Due June 1, 2016**

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"/>
TOTAL		\$	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	_____
Total Revenue	\$ _____

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