



**LAKE WYLIE MARINE COMMISSION
REQUEST FOR A NO WAKE ZONE**

Note: Read the LWMC No Wake Policy and Procedures for Applying for a No Wake Zone available at www.lakewyliemarinecommission.com before completing this form.

This completed application and any accompanying documentation must be received 10 business days prior to a regularly scheduled meeting of the Marine Commission to be considered at that meeting.

County: _____ **Date of Request:** _____

Applicant's Name: _____

Applicant's Address, City, State, Zip: _____

Applicant's Preferred Phone: _____ **Preferred Fax:** _____

Email: _____

Is a Petition Attached? ____ Yes ____ No
A petition may be attached but is not required to apply for a No Wake Zone.

Area where No Wake Zone is requested

Please describe the area and attach a map indicating where buoys might be placed.

What steps have been taken to resolve the problem before requesting the No Wake Zone?

Are you willing to pay for the buoys and attaching hardware and maintenance? ____ Yes ____ No

I have read the LWMC No Wake Policy and Procedures for applying for a No Wake Zone available at www.lakewyliemarinecommission.com ____ Yes ____ No

Applicant Signature _____

**LAKE WYLIE MARINE COMMISSION
REQUEST FOR A NOWAKE ZONE (Continued)**

Law Enforcement Recommendation

Recommendation for Approval Recommendation with Modification
 Recommendation for Disapproval

Comments/Restrictions:

Investigating Officer(s) _____ Date(s) _____

Marine Commission Recommendation

Approve Disapprove

Comments/Restrictions:

Commission Chairman Signature: _____ Date: _____

Disclaimer:
The Lake Wylie Marine Commission shall assume no liability relating to the approval or denial of any no-wake request or relating to the purchase, installation or maintenance of any buoys.

Please return by mail to Clerk, Lake Wylie Marine Commission, 525 North Tryon Street, 12th Floor,
Charlotte, NC 28202.