

**Town of East Lyme  
Assessor's Office  
Marina Property  
Income and Expense Survey for Calendar Year 2019**  
Information provided is CONFIDENTIAL, in accordance with Connecticut Law.

Property Name \_\_\_\_\_

Property Address \_\_\_\_\_

Form Preparer/Position \_\_\_\_\_

Telephone Number \_\_\_\_\_

**Marina Characteristics**

Which of the following best describes your marina operation?

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Marina          | <input type="checkbox"/> Marina/Boatyard     | <input type="checkbox"/> Dockominium/cooperative |
| <input type="checkbox"/> Dry Land Marina | <input type="checkbox"/> Yacht Club          | <input type="checkbox"/> Mixed use               |
| <input type="checkbox"/> Boatyard        | <input type="checkbox"/> Park/Public Moorage | <input type="checkbox"/> Winter Storage          |
|  |  | <input type="checkbox"/> Other: _____            |

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

<u>In-Water Facilities (Please complete all that apply.)</u>					
<u>No. of Slips</u>	<u>No. of Slips</u>	<u>Rate</u>	<u>Available Utilities</u>	<u>Boat Launching Facilities</u>	
Open	_____	\$ _____	<input type="checkbox"/> Electricity 110	<input type="checkbox"/> Crane	
Covered	_____	\$ _____	<input type="checkbox"/> Electricity 220	<input type="checkbox"/> Forklift	
Enclosed	_____	\$ _____	<input type="checkbox"/> Water	<input type="checkbox"/> Hydraulic Trailer	
Moorings	_____	\$ _____	<input type="checkbox"/> Cable TV	<input type="checkbox"/> Travel Lift & Well	
			<input type="checkbox"/> Telephone	<input type="checkbox"/> Boat Ramp	
TOTAL	_____	\$ _____	<input type="checkbox"/> Other: _____		

Please identify the number of slips by the length/width of slip and rental rate for each size category on a separate sheet of paper. Also please reflect rental basis (\$/l.f./month; \$/unit/season).

<u>Dry Land Facilities (Please complete all that apply.)</u>			
<u>Dockside Services</u>	<u>Boat/Auto Storage</u>	<u>Size Range</u>	<u>Additional Facilities</u>
<input type="checkbox"/> Office	<input type="checkbox"/> Drystack: # _____	<input type="checkbox"/> Overnight Dockage	<input type="checkbox"/> Rental/Charter Service
<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"/> Fiberglass Repair	<input type="checkbox"/> Auto Spaces: # _____	<input type="checkbox"/> Apartments	<input type="checkbox"/> Restrooms
<input type="checkbox"/> Dry Sailor Spots			

(Marinas Cont'd.)

**Product and Service Income**

Slips/Moorings	\$ _____
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 Fees	\$ _____
Administrative/General	\$ _____
Repairs/Maintenance	\$ _____
Utilities (Heat, Power, Light)	\$ _____
Trash Removal	\$ _____
Sales/Marketing	\$ _____
Salaries, Payroll and Related Benefits	\$ _____

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

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

Do any of the figures include capital expenditures or extraordinary costs which vary from typical operating expenses? If YES, please explain: \_\_\_\_\_  
\_\_\_\_\_

Comments and/or additional information may be attached.

\_\_\_\_\_  
Signature/Position

\_\_\_\_\_  
Date