

Town of East Lyme
Assessor's Office
Marina Property
Income and Expense Survey for Calendar Year 2023
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	\$ _____
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 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