

**Tennessee Valley Authority  
Floating Cabin Registration Form**

OMB No. 3316-0060  
Exp. Date: 07/31/2027

Owner #1 Mailing Information (Required)	Owner #2 Mailing Information (Required)
Name _____	Name _____
Street _____	Street _____
City _____ State _____ Zip Code _____	City _____ State _____ Zip Code _____
Email Address _____	Email Address _____
Home Phone _____ Mobile Phone _____	Home Phone _____ Mobile Phone _____

**Location of Floating Cabin (Required - include all known information)**

Reservoir \_\_\_\_\_ GPS Coordinates \_\_\_\_\_ Stream Name and Mile \_\_\_\_\_

Marina Name \_\_\_\_\_ Mooring Space Number \_\_\_\_\_

**If the floating cabin is not located at a marina, provide the address of the private property where the floating cabin is moored**

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Subdivision, Lot No., and/or Tax Parcel No. \_\_\_\_\_

**Additional Required Information**

**TVA Section 26a Permit**

Is your floating cabin permitted by TVA?  No  Yes If yes, please specify the permit number(s) \_\_\_\_\_

**Electrical Service, Sanitation, Mooring and Anchoring**

How is your floating cabin electrical service provided?

The marina provides my electrical service and owns the meter.

I have a separate meter and the local power company bills me.

I have on-board power sources such as generators, solar panels, batteries.

Other (please specify) \_\_\_\_\_

How is your gray water (showers, sinks, etc.) managed?	How is your black water (sewage) managed?	How is your floating cabin moored or anchored?
<input type="radio"/> Holding tanks	<input type="radio"/> Holding tanks	<input type="radio"/> In a marina slip
<input type="radio"/> Marine sanitation device	<input type="radio"/> Marine sanitation device	<input type="radio"/> Marina buoy line
<input type="radio"/> Direct land-based utility connection	<input type="radio"/> Direct land-based utility connection	<input type="radio"/> Independently anchored
<input type="radio"/> Untreated discharge	<input type="radio"/> Untreated discharge	<input type="radio"/> Other (please specify) _____
<input type="radio"/> Other (please specify) _____	<input type="radio"/> Other (please specify) _____	

**Drawing**

Include a drawing showing the existing dimensions of the floating cabin (view from above). Include the dimensions of the enclosed space, attached docks, walkways, floats, etc. Include a profile drawing (view from the side) showing the height of the floating cabin.

**Photo**

Include at least two photos of the floating cabin. The photos should include the front and back sides of the floating cabin, any attached structures (slips, decks, etc.), and any identifying numbers (TVA or State) in the photo.

**Privacy Act Statement**

This information is being requested in accordance with Section 26a of the TVA Act as cited on the front page of this form. Disclosure of the information requested is voluntary; however, failure to provide any requested information or documents may result in a delay in processing your application or in your being denied a Section 26a permit. An application that is not complete will be returned for additional information. TVA uses this information to assess the impact of the proposed project on TVA programs and the environment and to determine if the project can be approved. Information in the application is made a matter of public record through issuance of a public notice if warranted. Routine uses of this information include providing to federal, state, or local agencies, and to consultants, contractors, etc., for use in program evaluations, studies, or other matters involving support services to the program; to respond to a congressional inquiry concerning the application or Section 26a program; and for oversight or similar purposes, corrective action, litigation or law enforcement.

**Burden Estimate Statement**

Public reporting burden for this collection of information is estimated to average 2 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to Agency Clearance Officer, Tennessee Valley Authority, 1101 Market Street, Chattanooga, Tennessee 37402; and to the Office of Management and Budget, Paperwork Reduction Project (3316-0060), Washington, D.C. 20503.

An agency may not conduct or sponsor, and you are not required to respond to, a collection of information unless it displays a currently valid OMB Control Number. The OMB Control Number for this form is 3316-0060.

**TVA RESTRICTED INFORMATION**

**Additional Information (Optional)**

Include any information about your floating cabin that may be beneficial for TVA to know. This may include identifying numbers or signs on the floating cabin, or other information.

**Sign and Submit the Registration**

Sign the form and submit the registration form, drawing, and photos to the following TVA mailing or email address.

**Mailing Address**

Tennessee Valley Authority  
Floating Cabin Program Manager  
400 West Summit Hill Drive, WT 11D-K  
Knoxville, Tennessee 37902

**Email Address:** fc@tva.gov

**Signature (Required)**

I certify that I am familiar with the information contained in this registration, and that to the best of my knowledge and belief such information is true, complete, and accurate. I further certify that I am the owner of this floating cabin and possess the authority to register the structure. I understand and agree that this registration does not constitute approval by TVA, within the meaning of Section 26a of the TVA Act, of any structures, utilities, or other facilities described in this registration. I understand and agree no construction of any structures, utilities, or facilities required under Section 26a will occur until plans for such structures, utilities or facilities have been submitted to TVA for approval in accordance with established procedures.

_____	_____	_____
Date	Owner 1 Name (Printed)	Owner 1 Signature
_____	_____	_____
Date	Owner 2 Name (Printed)	Owner 2 Signature

18 U.S.C. Section 1001 provides that: Whoever, in any manner within the jurisdiction of any department or agency of The United States knowingly and willfully falsifies, conceals, or covers up by any trick, scheme, or device a material fact or makes any false, fictitious or fraudulent statements or representations or makes or uses any false writing or document knowing same to contain any false, fictitious or fraudulent statement or entry, shall be fined not more than \$10,000 or imprisoned not more than five years, or both.