

FEE: \$50.00

Lake Lotawana Association, Inc.

10417 South Thompson Road
Lake Lotawana MO 64086-9705
(816) 578-42723
FAX (816) 578-4080

PARKWAY USE PERMIT

Property Owner _____ Date _____

Address _____ Phone _____

Project _____ Location _____

Contractor Name _____

Company Name _____

Address _____ Phone _____

City/State/Zip _____

We/I agree to limit ingress/egress across the parkway. We/I will repair any damage in an acceptable manner, and as approved by the Operations Manager of Lake Lotawana Association.

Property Owner _____ Phone _____
Signature

Contractor _____ Date _____
Signature

Attached: Drawings, plot plan, elevations, materials, Certificate of Insurance (\$1,000,000.00 liability)

Project approval: _____ Date _____
Operations Manager

Parkway cleanup and repair completed: Yes _____ No _____

Project completion approval: Yes _____ No _____

Operations Manager _____
Signature