



www.lakeowasso.org

info@lakeowasso.org

Lake Owasso Association, Inc.

2021

Lake Owasso – Ramsey County

Payment along with completed and signed forms are due Tuesday April 6th.

**Check should be made payable to and sent to.... Lake Owasso Association
PO Box 130413
Roseville, MN 55113**

Amount Due: includes "allowed" lakeshore footage at \$3.00 per foot plus membership dues of \$5.00
(Includes two treatments if necessary)

Shoreline feet owned _____

Shoreline feet allowed for treatment _____
("allowed" = up to 100' or 50% of owned shoreline, whichever is less. e.g. own 80', max allowed 40'. Cost would be 40' x \$3.00 = \$120 + \$5 membership for \$125 total.) If your lot is less than 70' you are allowed up to 35 feet of treatment.

Feet requested to be treated _____

NOTE: Completing the description below will help the treatment contractor.

Lakeside house color _____

House description from lakeside _____

Any outstanding features from lake _____
(e.g. boat brand, type of dock, gazebo, etc.)

**NOTE: Make certain to record your current email address here if you wish to continue receiving notifications each spring:
_____ Or email us at info@lakeowasso.org If you misplace this form
an additional copy can be printed from the web site: www.lakeowasso.org**



APPLICATION FOR A PERMIT TO CONTROL: AQUATIC PLANTS, ALGAE, SWIMMER'S ITCH, AND LEECHES (Please Print or Type)

Applicant's Name (First, MI, Last)	Day Time Phone Number	Cell Phone Number
Lake Home Address (# and street, RFD, Box #, City, State, Zip Code)	Fire # / 911 #	Lake Residence Phone Number
Permanent Mailing Address (Indicate if it is the same as above)	E-mail Address	

SIZE OF AREA PROPOSED TO BE TREATED: My property extends _____ ft along shore. Proposed treatment area extends _____ ft along shore by _____ ft lakeward, out to a depth of _____ feet and/or a channel _____ feet long and _____ feet in width extending to open water.

By signing this form I hereby make application for a permit to destroy or control aquatic vegetation or aquatic nuisance as described above. I understand that the control of aquatic nuisances, including destruction of aquatic plants and algae, is subject to rules of the Commissioner of Natural Resources. I understand that an Aquatic Plant Management Specialist may wish to inspect the proposed treatment area before, during, and/or after work is completed and that by making this application I give permission to the specialist to enter my property to make such inspection at reasonable times. I understand that an annual report will be required on results achieved.
Completion of this form and processing of the accompanying application fee does not constitute obtaining a permit.

Applicants Signature	Date
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