



www.lakeowasso.org

info@lakeowasso.org

Lake Owasso Association, Inc.

2024

Payment along with completed and signed forms are due Tuesday March 5th.

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

Fee assessment for 2024:

Total \$ _____ = \$10 Dues + (\$5 x _____ Shoreline feet "allowed") + \$250 One-time assessment*

("allowed" = up to 100' or 50% of owned shoreline, whichever is less. e.g. own 80', max allowed 40'. Cost would be 40' x \$5.00 = \$200 + \$10 Dues + \$250 onetime special assessment for \$460 total.) If your lot is less than 70' you are allowed up to 35 feet of treatment.

**Without the special assessment a fluridone treatment will not be possible, enabling the EWM problem to grow worse.*

Property identification description for treatment contractor (completed by applicant):

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.)

Record your current email address here if you wish to continue receiving notifications each spring:
_____ or email us at info@lakeowasso.org

Your signature on this form applies to both a fluridone treatment and/or a traditional treatment in the event that the backup plan is exercised.



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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