Arrowhead Shores Owners Association
Temporary Use Permit
Application

ASOA Dues must be current for permits to be approved.

Name: _____
Address: _____
_____
_____

Daytime Phone Number _____ **E-Mail** _____

ASOA Lot/s Number _____

Description:
Motor Home _____ **Lic#** _____**State** ___
5th Wheel Camper _____ **Lic#** _____ **State** ___
Camping Trailer _____**Lic#** _____ **State** ___

Owners Information: **Name:** _____
Address: _____
_____
_____

Use Duration: _____
Not to Exceed 30 Days without Approval of the ACC
May be connected to temporary utilities only.
Purpose:_____
_____
_____

Applicant Signature: _____ **Date:** _____

Architectural Control Committee Approval
Minimum 3 signatures required

1. _____ **Date:** _____
2. _____ **Date:** _____
3. _____ **Date:** _____
4. _____ **Date:** _____
5. _____ **Date:** _____