

City of Lake Waukomis

1147 South Shore Drive - Lake Waukomis, Missouri 64151 - Phone (816) 741-2079 Fax (816) 741-3791

2024 PERMIT TO LEASE/RENT PROPERTY WITHIN THE CITY LIMITS OF LAKE WAUKOMIS, MISSOURI

Property Owner:
Name _____
Address _____
City/State/Zip _____
Telephone No. _____

Lessee:
Name _____
Address _____
Lake Waukomis, MO 64151
Telephone No. _____

WHEREAS, the OWNER of said premises has requested a permit, from the CITY OF LAKE WAUKOMIS (CITY) and the LAKE WAUKOMIS ASSOCIATION (LWA), to lease/rent the premises to the LESSEE;

THEREFORE, in consideration for the mutual covenants herein contained, it is agreed as follows:

1. The CITY, with the consent of the LWA grants permission to OWNER to lease the premises.
2. The OWNER and LESSEE agree to maintain the premises in accordance with the City Code of the CITY and the Deed of Restrictions of the LWA.
3. The LESSEE agrees to abide by the terms of the City Code of the CITY and the Deed of Restrictions of the LWA relevant to use of land and general use restrictions. (Exhibit A and Exhibit B attached.)
4. Should there be a breach of this agreement by OWNER and/or LESSEE, the CITY shall notify the OWNER of the breach. Notification of such breach shall be conclusively presumed to have occurred by the CITY mailing the notice by first class mail to addresses given by the OWNER and LESSEE.

CITY OF LAKE WAUKOMIS
By _____

(Title)

Annual Permit Fee \$200.00
Date paid _____

OWNER:

(Signature)
Date: _____

LESSEE:

(Signature)

Date: _____

NOTE: Tenant must pay \$250 water deposit to City Hall before transferring water to their name.

CITY inspection:
By: _____, Bldg. Inspector Inspection Date: _____
Approved: _____ Not Approved: _____ **Inspection Fee: \$100.00** Date paid _____

****Inspections are required BEFORE any new tenant moves into a rental property. Please contact the Building Inspector to have an inspection scheduled at 816-359-7780.**