



City of Walled Lake
1499 E. West Maple
Walled Lake, MI 48390
(248) 624-4847 Fax (248) 624-1616

APPLICATION FOR SHARED WATERFRONT LOT

Walled Lake Registration Sticker # _____ Guest Registration Sticker # _____

Property Owner Requesting Shared Waterfront Lot Use:

****Waterfront lot for shared dock and/or mooring must have minimum for forty (40) lineal feet of water frontage****

Name: _____ Phone: _____

Address: _____

MC# and Description of Watercraft

Please provide a sketch of location, configuration, and dimensions (length, width, height) of the dock and/or mooring structure to be shared.

Seasonal Guest:

Name: _____ Phone: _____

Address: _____

MC# and Description of Watercraft _____

Applicant Signature

Date

Seasonal Guest Signature

Date

Department Approval

Date