



Cedar Pointe Village Eight Association, Inc

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APPLICATION FOR PERMIT FOR COVERED AUXILIARY PARKING SPACE

BLDG#-UNIT: _____

DATE: _____

OWNER INFORMATION: _____

PHONE NUMBER: (HOME) _____

(CELL): _____

EMAIL ADDRESS: _____

KEYS ON FILE: (PLEASE MARK NEXT TO WHERE YOUR SPARE KEY WILL BE)

OFFICE: CONDO: REFUSE TO LEAVE KEY:

VEHICLE TAG #: _____

VEHICLE DESCRIPTION: _____
YEAR MAKE MODEL COLOR

BOARD APPROVAL IS REQUIRED FOR A VEHICLE PARKED IN THE AUXILIARY LOT.

OWNER APPROVAL MUST BE **RENEWED** EVERY 180 DAYS.

BOARD OF DIRECTORS
CEDAR POINTE VILLAGE 8

SIGNATURE OF OWNER:

DATE:

APPROVED BY:

DATE OF APPROVAL:

PERMIT #:

EXPIRATION DATE:
