

# DEMOLITION & MOVEMENT OF STRUCTURES PERMIT

# \_\_\_\_\_

Town of Clear Lake 111 Gecowets Drive, Clear Lake, Fremont IN 46737

Office: (260)495-9158

## APPLICANT INFORMATION

Name \_\_\_\_\_ E-mail \_\_\_\_\_

Address \_\_\_\_\_  
*permanent*

Phones \_\_\_\_\_  
*preferred* *other*

## PROJECT INFORMATION

Project Address \_\_\_\_\_ Property Owner \_\_\_\_\_

Contractor \_\_\_\_\_

Contact Info \_\_\_\_\_

Demolition Type  Partial Demolition  Complete Demolition  Structure Movement (Plan Required)

Method for Demolition \_\_\_\_\_

Use of Property after Demolition \_\_\_\_\_

Est. Start Date \_\_\_\_\_ Est. Completion Date \_\_\_\_\_

## SIGNATURES

I certify that all of the utilities have been or will be properly disconnected and capped prior to demolition. In addition, all work shall be performed in a good workman-like manner and that the premises will be in proper and safe condition promptly after the work is completed, including the removal of all debris and the filling of all of the excavation on the property. If one side of the road needs to be closed for more than four (4) hours on any day of this demolition project, I will obtain the proper Parking Permit from the Town.

\_\_\_\_\_  
*Applicant's Signature*

\_\_\_\_\_  
*Date*

## FOR OFFICE USE ONLY

Internal:

- Fee
- Electrical Disconnect
- Gas Disconnect
- Sewer Disconnect

- Approved
- Denied

\_\_\_\_\_  
*Town Superintendent's Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Zoning Administrator's Signature*

\_\_\_\_\_  
*Date*