

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