

# PARKING PERMIT

# \_\_\_\_\_

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

Office: (260) 495-9158 Email: [superintendent@townofclearlake.org](mailto:superintendent@townofclearlake.org)

## APPLICANT INFORMATION

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

Address \_\_\_\_\_

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

## PROJECT INFORMATION

Project Location \_\_\_\_\_

Project Description \_\_\_\_\_

Date Road to be Blocked \_\_\_\_\_ Time Road to be Blocked \_\_\_\_\_

## SIGNATURES

I certify the following:

- The parking of a vehicle on one side of a road is necessary for project completion;
- I have or will notify the Steuben County 911 Center and the Fremont Fire Department about this road closure;
- I will post signage advising the public of any required detour and use traffic cones to increase visibility of the road hazard.

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

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

## FOR OFFICE USE ONLY

Prerequisites:  Fee Received (\$50 per day)

Approved

Denied

\_\_\_\_\_  
*Street Superintendent Signature*

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