

Administrative Subdivision

Lot Lines for the Purpose of Combining Lots/Adjusting

Applicant names as they appear on property tax documents:

Address: _____

Phone: _____ cell _____

e-mail: _____

Parcels to be Combined:

Parcel Number _____

Parcel Number _____

Parcel Number _____

Parcel Number _____

Parcel Number _____

The undersigned, being the owner of record, certify that the above information is true and correct to the best of my knowledge.

Applicant Signature: _____ Date _____

Applicant Signature: _____ Date _____
Printed

Applicant Signature: _____ Date _____

Applicant Signature: _____ Date _____
Printed

This instrument was prepared by: Bonnie Brown, Plan Commission President

Town of Clear Lake
111 Gecowets Drive, Clear Lake
Fremont IN 46737
260.495.9158

“I affirm, under the penalties for perjury, that I have taken reasonable care to redact each Social Security number in this document, unless required by law, Bonnie L Brown.”

Administrative Subdivision

Reviewed and Approved by: _____
Clear Lake Zoning Administrator Date

Accepted by the Town of Clear Lake Plan Commission:

Name Date

Clear Lake Plan Commission, position

STATE OF INDIANA)

) SS:

COUNTY OF STEUBEN)

Before me, a Notary Public in and for said County and State,

this ____ day of _____, 20____,

Applicant names, _____

And Zoning Administrator and Plan Commission member personally appeared.

My Commission Expires: _____

Signature _____ Date _____