IMPROVEMENT LOCATION PERMIT - TEMPORARY

#_____

Town of Clear Lake *111 Gecowets Drive, Clear Lake, Fremont IN 46737*
Office: *(260)495-9158* Mobile: *(260)243-6701* Email: *zoning@townofclearlake.org*

APPLICANT INFORMATION

Name _____ **E-mail** _____

Address _____ _____
lake *permanent*

Phones _____ _____
preferred *other*

PROJECT INFORMATION

Project Address _____

Property Owner _____

Project Description _____

_____

Duration _____

When applicable, provide a site plan illustrating the proposed temporary improvements and confirming that the proposed temporary improvements do not impeded drainage, sight visibility, vehicular circulation, pedestrian circulation, and/or emergency exit.

SIGNATURES

I certify that I am the property owner or authorized to act on behalf of the property owner(s). I certify the accuracy of all information provided with this application including the site plan and dimensions. I understand that the Town of Clear Lake reserves the right to revoke this permit upon finding that the project is not consistent with the information provided in this application. Additionally, I grant the Town of Clear Lake and its agents the authority to enter the property during the application stage and the duration of the project to determine compliance.

_____ _____
Applicant's Signature *Date*

FOR OFFICE USE ONLY

☐ Approved
☐ Denied

Comments: ☐ _____
☐ _____

_____ _____
Zoning Administrator's Signature *Date*