



Permit #: _____

Administrative Subdivision

For the purposes of Adjusting Lot Lines

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

Office: (260) 495-9158 Mobile: (260) 243-6701 Email: zoning@townofclearlake.org

Applicant Information (As they appear on property tax documents)

Name: _____

Address: _____

City, State, Zip: _____

Phone: _____ Email: _____

Name: _____

Address: _____

City, State, Zip: _____

Phone: _____ Email: _____

Parcels to be adjusted: (Cannot reduce either lot area by more than twenty percent (20%))

Parcel Number: _____ Parcel Number: _____

Parcel Number: _____ Parcel Number: _____

Percentage lot is being reduces: _____

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

Applicant: _____
Signature Printed Date

Applicant: _____
Signature Printed Date

Applicant: _____
Signature Printed Date

Applicant: _____
Signature Printed Date

STATE OF _____)
COUNTY OF _____)

Before me, a Notary Public in and for said County and State, this _____ day of _____, 20 _____

Applicant Name: _____

My Commission Expires: _____

Signature

Date

