

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 Inf	ormation (As they appear on proper	ty tax documents)			
••	Name:				
А	ddress:				
City, Sta					
,	Phone:	Email:			
	riione.				
	Name:				
А	ddress:				
City, Sta	ate 7in:				
,	Phone:	Fmail:			
	Thorie.				
Parcels to be	adjusted: (Cannot reduce either lot are	ea by more than twenty percent (20%))			
Parcel N	lumber:	Parcel Number:			
Parcel N	·	Darcal Number			
					
Percentage lo	ot is being reduces:				
		_			
The undersig	ned, being the owner of record, certif	y 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		1			
COUNTY OF		<u> </u>			
	Notary Public in and for said County	and State this day of	20		
вејоге те, а	Notary Public III and Jor Sala County	and State, this day of	,20		
Applicant Na	mar				
Аррисант ма					
My Commission Expires:					
iviy Collillios					
	Signature	Date			

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Reviewed and approved by:			
	Clear Lake Zoning Administrator Signature		
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		
Accepted by the Town of Clear Lake Plan Commission:	Signature	 Date	
STATE OF			
COUNTY OF)	day, af	20	
Before me, a Notary Public in and for said County and State, this	day of		
Applicant Name:			
My Commission Expires:			
Signature	 Date		