



Permit #: \_\_\_\_\_

# DEMOLITION & MOVEMENT OF STRUCTURES PERMIT

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

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

## Applicant Information

Name: \_\_\_\_\_  Contractor

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## Owner Information

Name:  Same as above \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## Property Information

Project Address: \_\_\_\_\_ Parcel ID#: \_\_\_\_\_

Demolition Type:  Partial Demolition  Complete Demolition  Structure Movement (Plan required)

Est. Start Date: \_\_\_\_\_ Est. Completion Date: \_\_\_\_\_

Method for Demolition: \_\_\_\_\_

Use of Property after Demolition: \_\_\_\_\_

## Signatures

I certify that all of the utilities have been or will be properly disconnected and capped prior to demolition. In addition, all work shall be performed in a good workman-like manner and that the premises will be in proper and safe condition promptly after the work is completed, including the removal of all debris and the filling of all of the excavation on the property. If one side of the road needs to be closed for more than four (4) hours on any day of this demolition project, I will obtain the proper Parking Permit from the Town.

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

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

## Office Use Only

### Internal:

- Fee
- Electrical Disconnect
- Gas Disconnect
- Sewer Disconnect

### Action Taken:

Approve  Denied

### Fees Submitted:

- Cash
- Check

**Total:** \_\_\_\_\_

Date Received: \_\_\_\_\_

\_\_\_\_\_  
*Zoning Administrator's Signature*

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