



Permit #: _____

MINOR SUBDIVISION OF LAND APPLICATION

Request for Waiver

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: _____

Address: _____

City, State, Zip: _____

Phone: _____ **Email:** _____

Applicant is: Owner Engineer / Architect Contractor

Owner Information

Name: Same as above _____

Address: _____

City, State, Zip: _____

Phone: _____ **Email:** _____

Project information

Project Address: _____ **Parcel ID #:** _____

Project Description: _____

Requested Waiver: _____

Signatures

I certify the accuracy of all information provided herein. I grant the Town of Clear Lake and its agents the authority to enter the property during the application stage and construction to determine compliance.

Applicant's Signature _____
Date



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Office Use Only

Findings

The Plan Commission shall make the following findings of fact. Approval of the findings may be in the form of a general statement. Disapproval of findings shall specify the provision of the Unified Development Ordinance or Town of Clear Lake Construction Standards with which there is not compliance or the manner in which the project is not consistent with the Town of Clear Lake Comprehensive Plan.

- The proposed waiver is consistent with the content and intent of the Town of Clear Lake Comprehensive Plan.
- The proposed waiver is consistent with the intent of the Town of Clear Lake Unified Development Ordinance.
- The proposed waiver will not cause notable loss to nearby property values.

Note specific provisions with which there is not compliance:

Final Action

If the Plan Commission finds all of the findings of fact in the affirmative, it shall approve the request for waiver.

- Deny
- Approve

Signatures

Plan Commission President: _____

Date: _____

Zoning Administrator: _____

Date: _____