## **Lake Lemon Shoreline Project Permit Request**

| 1. Name and Address of Applicant:                                  | Name and Address of Contractor or Agent                 |
|--|---|
| Home Phone: Office Phone:  | Home Phone: Office Phone:                               |
| 2. Detailed Description of Proposed Project (attac<br>photographs) | ch drawings, dimensions, blueprint – if available, and  |
|  |   |
| 3. Purpose of Proposed Project                                     |   |
| 4. Dredged or Fill Material (source and total cubic                | c yards to be placed where)                             |
| 5. Other Materials to be Used on this Project                      |   |
| 6. Names and Addresses of Adjoining Property O                     | owners or Lessees whose property also adjoins the lake. |
|  |   |

| 7. Location on land wh                            | nere project is p | roposed       |  |  |                 |
|---|-------------------|---------------|--|--|-----------------|
| Address   |                   |               |  |  |                 |
| City  |                   | , IN          | County                                       | Zip _  |                 |
| Near what lake land                               | marks (i.e., spil | llway, dar    | n, Schell Mari                               | na, Riddle Point, causewa  | y, etc.)        |
| 8. List all approvals or construction, structures |                   |               |  | m Federal, State, or Local and in this application.  | Agencies for a  |
| Agency  | Type Approval     |               | ID No.                                       | Approval Date  | Denial Date     |
|   |                   |               |  |  |                 |
|   |                   | _             |  |  |                 |
| belief, such knowledge                            | e is true, comple | ete and ac    | curate. I furth                              | cation, and to the best of notice certify that I possess the atthorized agent of the apple | e authority to  |
| Signature of Applicant)                           | (Da               | ate)          | (Siş   | gnature of Contractor or Agent)  | (Date)          |
| The application must band, if available, signe    |                   |               |  | undertake the proposed provolved.  | oject (applican |
| Return completed ap                               | plication to:     | <b>7599</b> I | Lemon Conse<br>North Tunnel<br>Wille, IN 474 |  |                 |

Phone: 812-334-0233; Fax: 812-335-0038