

**APPLICATION FORM & PERMIT OF THE SILVER LAKE INSTITUTE**

Applicant: \_\_\_\_\_

Permanent or Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Institute Address (if different): \_\_\_\_\_

\_\_\_\_\_

Telephone Number: \_\_\_\_\_

Type of Permit Sought: \_\_\_\_\_

\_\_\_\_\_

**Specific Information Required (Location and/or Design Plans):**

**For Institute Use Only**

1) Property Owner and/or Resident: Yes \_\_\_\_\_ No \_\_\_\_\_

2) Institute Taxes Paid: Yes \_\_\_\_\_ No \_\_\_\_\_

3) Meets Standards of Section 3.0.0: Yes \_\_\_\_\_ No \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Permit Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

Silver Lake Institute Administrator