

ADDRESS REQUEST FORM



Department of
Development &
Land Services

Assigned Address Number (County Use Only)

APPLICANT INFORMATION

APPLICANT NAME _____ PHONE # _____ E-MAIL _____
RELATIONSHIP TO OWNER (If Different than Owner, e.g. Builder, Building Inspector) _____
PROPERTY OWNER NAME (If Different Than Applicant) _____

PROPERTY LOCATION

ROAD NAME _____
MUNICIPALITY _____ TAX PARCEL # _____ (e.g. 030111102)
SUBDIVISION or CSM (If Applicable) _____ LOT # _____
SANITARY PERMIT # (If Applicable) _____ (e.g. SP 09-2013 or State ID #)
DOES THE MUNICIPALITY HAVE ACKNOWLEDGEMENT OF THE ADDRESS REQUEST? Yes No

Note: The municipality needs to receive notice of the address request before final submittal to Outagamie County.

DRIVEWAY LOCATION

IS THE PREFERRED DRIVEWAY LOCATION ON A SHARED DRIVEWAY? Yes No

Note: If this is the third (or more) driveway on an existing shared driveway, then this driveway application may result in the creation of a new private road. (Outagamie County Ordinance Chapter 8.)

The center of the primary driveway is _____ feet, North, South, East or West (Indicate One) of the existing driveway serving building number _____ on _____ (Street Name).

AND/OR

The center of the primary driveway is _____ feet from the North, South, East or West (Indicate One) lot line.
(Sketch below if necessary and/or attach site plan for driveway location).



I, _____ verify that the above measurements are true and accurate to the best of my knowledge.
(PRINT NAME)

(SIGNATURE REQUIRED)

(DATE)

OUTAGAMIE COUNTY USE ONLY

Notes: _____ Date: _____
Assigned By: _____