


## ADDRESS REQUEST FORM

 <p>Paul Hermes, Building Inspector – 920-858-0102</p>	<b>Assigned Address Number (County Use Only)</b>
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<b>APPLICANT INFORMATION</b>		
APPLICANT NAME _____	PHONE # _____	E-MAIL _____
RELATIONSHIP TO OWNER <i>(If Different than Owner, e.g. Builder, Building Inspector)</i> _____		
PROPERTY OWNER NAME <i>(If Different Than Applicant)</i> _____		

<b>PROPERTY LOCATION</b>		
<b>ROAD NAME</b> _____		
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 <input type="checkbox"/> No <input type="checkbox"/>		
<i>Note: The municipality needs to receive notice of the address request before final submittal to Outagamie County.</i>		

<b>DRIVEWAY LOCATION</b>	
IS THE PREFERRED DRIVEWAY LOCATION ON A SHARED DRIVEWAY? Yes <input type="checkbox"/> No <input type="checkbox"/>	
<i>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.)</i>	
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).	
<b>AND/OR</b>	
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)

<b>OUTAGAMIE COUNTY USE ONLY</b>	
Notes: _____	Date: _____
_____	Assigned By: _____
Form ID: 04-2017	