

**Plainfield Township Building Department**

415 E. Main St, P.O. Box 247

Hale, MI 48739

Phone 989-728-2811, Fax 989-984-6004

**APPLICATION FOR ASSIGNMENT OF NEW ADDRESS NUMBER**

Applications must be submitted with the following items to be reviewed:

1. Completed Application
2. Proof of Ownership (Land documents)
3. Plot/site Plan

**Owner(s) Information**

Name(s): \_\_\_\_\_

Telephone No. (    ) \_\_\_\_\_ Email Address: \_\_\_\_\_

Current Mailing Address: \_\_\_\_\_

**Type of Structure:**

(    ) Single Family Residence                      (    ) Commercial (specify use): \_\_\_\_\_

(    ) Garage    (    ) Storage/Pole Building

(    ) Demolition                                        (    ) Other: \_\_\_\_\_

**Location of Property:**

Street: \_\_\_\_\_ City: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Township: \_\_\_\_\_ Parcel ID: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Directions to site:**

The location of the driveway is approximately \_\_\_\_\_ Feet/Miles (circle one) North or East (circle one) of \_\_\_\_\_ (Neighboring Property Address) and approximately \_\_\_\_\_ Feet/Miles (circle one) South or West (circle one) of \_\_\_\_\_ (Neighboring Property Address).

Nearest cross streets: \_\_\_\_\_

The driveway is marked by \_\_\_\_\_

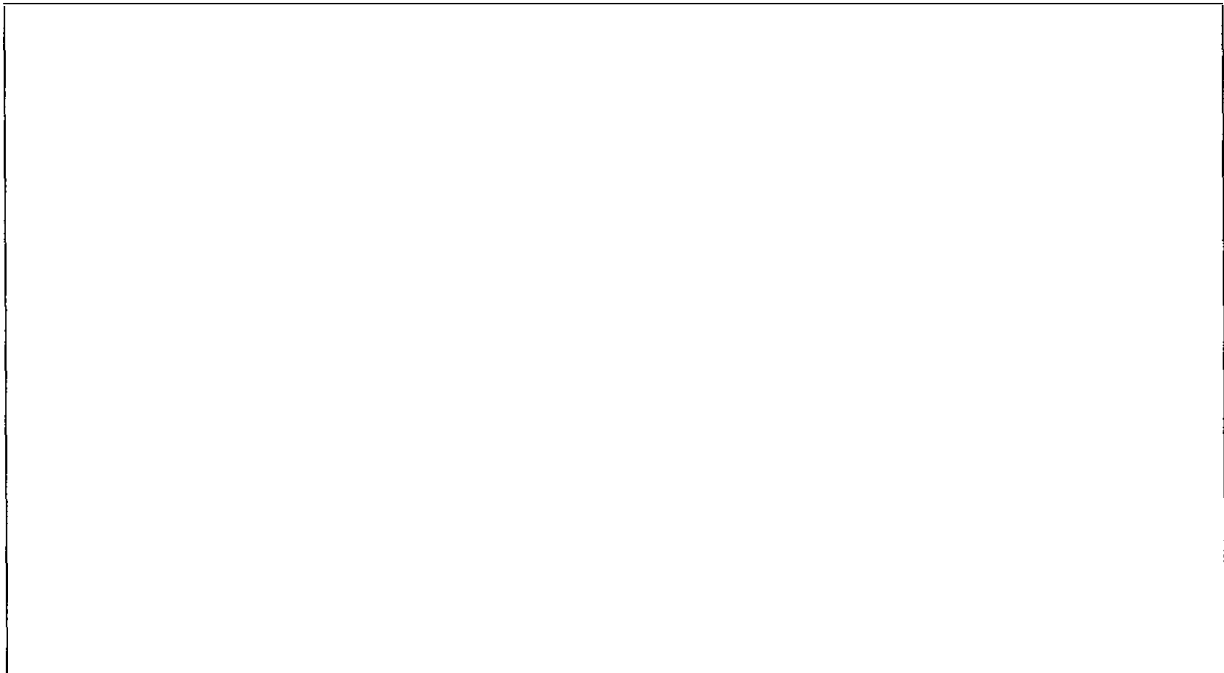
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**SITE DRAWING**



Please indicate the location of the structure, proposed/actual driveway, directional arrows, Neighboring houses with approximate distances/directions. Label streets.

**Applicant please read:**

1. Property addresses shall be assigned based on rural and urban baseline standards.
2. A completed application and proof of ownership must be submitted to the Building Department prior to the assignment of a house/property address.
3. It is the intent of the department to process all applications within thirty days of receipt of completed application and fee.
4. Notification of address issuance will be provided to the following department/agencies: The Electric Company, The Post Office, ICCDB, The County Health Department, The local school district, The Intermediate School District, The Iosco County Road Commission and The Iosco County Equalization Department. It will be the homeowners' responsibility to notify any agencies not listed above.

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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**For Office Use Only:**

Date Received: \_\_\_\_\_ Received By: \_\_\_\_\_

House Number Issued: \_\_\_\_\_ Date Issued: \_\_\_\_\_