

ALLEGAN COUNTY HEALTH DEPARTMENT
3255 122ND ST., SUITE 200, ALLEGAN, MI 49010
Phone: 269-673-5415 Fax: 269-673-4172

ASSIGNED ADDRESS

REQUEST FOR ASSIGNMENT OF ADDRESS

NAME OF APPLICANT _____

CURRENT MAILING ADDRESS _____

CURRENT PHONE NUMBER(S) _____

Please provide the following information:

1. Address on both sides and across the street from property _____

2. Distance from property lines to proposed home _____

3. Parcel/Tax ID # _____

4. Township and Section # _____

5. Subdivision & Lot # _____

6. Direction home faces/will face North ___ South ___ East ___ West ___

7. Municipal Water YES ___ NO ___ Municipal Sewer YES ___ NO ___

8. Has a soil boring been completed on the parcel? YES ___ NO ___

Reason For Address: (please mark appropriate box with an X)

- New home – Single family residence
- New home – Duplex
- New home – Multi family dwelling
- Non-habitual structure (i.e. pole barn, etc)
- Non-habitual structure (i.e. irrigation well, communications towers, etc)
- Correction of previous house number
- No previous number has been assigned
- Commercial

PLEASE SUBMIT A DRAWING THAT CONTAINS ALL PROPERTY LINES, LOCATION OF STRUCTURE AND ADDRESSES NEXT TO & ACROSS FROM PROPERTY

Assigned address