

Stockbridge Township Building Department

P.O. Box 565
Stockbridge, MI 49285
517-851-9362

Assigned Address: *(office use only)*

Approved by: _____

Date: _____

ADDRESS APPLICATION

For address without any building process (ie: meter, previously built pole barn needing meter, etc.):

- _____ 1. Current Assessor's Card or Proof of ownership
- _____ 2. Current survey
- _____ 3. Current Tax Identification (parcel) number
- _____ 4. Site plan showing location(s) of buildings and driveway—include measurements (if a development, include meter locations for pump stations) (Site plan applies also to lighted signs/poles, meters for irrigation/drainage pumps, etc.)
- _____ 5. Closest existing addresses to both sides and across the street from property (Indicate approximate distance each address is from your [proposed] driveway).

Type of project requiring address:

Date: _____

Tax ID (Parcel) Number: _____

Located on (road name): _____ **Between (cross streets):** _____ **and** _____

Between (addresses on each side): _____ **and** _____

Across from (address across the street, if there is one): _____

Owner Information:

Applicant Information: (If different than owner)

Name

Name

Address

Address

City, State, Zip

City, State, Zip

Phone

Cell Phone

Phone

Cell Phone

Fee Schedule:

Fee: (\$35 / Address)	Admin Fee: (\$30)	Total:	Balance:	Cash / Check #:	Receipt #:
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