FEE: $75

LANGLADE COUNTY

LAND RECORDS AND REGULATIONS DEPARTMENT

Resource Center 837 Clermont St. Antigo, WI 54409
Phone: (715) 627-6206 Fax: (715) 627-6281

APPLICATION FOR RURAL ADDRESS

OWNER **TELEPHONE**

CURRENT ADDRESS **CITY** **STATE** **ZIP**

GOV'T. LOT_____, _____1/4. _____1/4, SECTION_____,T_____N,R_____E

TOWN OF_____, SUBDIVISION/CSM_____

LOT #_____BLOCK #_____PARCEL #_____

DOES THE PARCEL HAVE A CLEAR, EVIDENT DRIVEWAY? YES or NO

HAVE YOU DEMONSTRATED INTENT TO DEVELOP THE PROPERTY? YES or NO
EVIDENCE OF INTENT (CIRCLE ONE):
-Existing Structure- -Soil Test- -Sanitary Permit- -Zoning Permit-

NAME OF ROADWAY_____(RD, LN, DR, HWY, OTHER_____)

DISTANCE TO NEAREST ADDRESSED DRIVE ON THE SAME ROADWAY: _____ FEET

INDICATE APPROXIMATE LOCATION OF DRIVEWAYS ON THE BACK OF THIS PAGE

OTHER INFORMATION OWNER MAY WISH TO CONVEY WITH THIS APPLICATION:

IT IS THE RESPONSIBILITY OF THE OWNER TO NOTIFY POST OFFICE OF THE CHANGE OF ADDRESS, AND TO PAY ANY APPLICABLE MUNICIPALITY FEE FOR THE INSTALLATION OF THE ADDRESS SIGN.

THIS SPACE FOR OFFICE USE ONLY

		, WI	
New Number Assigned	**Road Name**	**Postal Office**	**Zip Code**

BY:_____ DATE:_____

POINT COORDINATES: _____ E, _____ N

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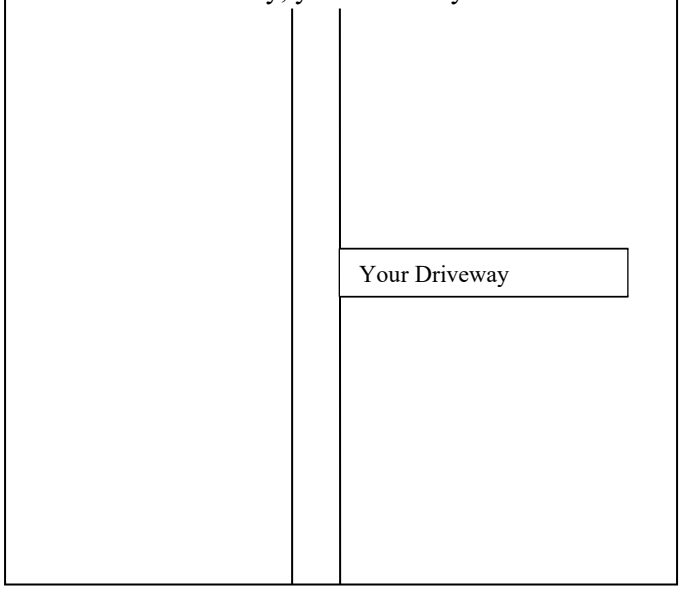
EXAMPLE: NEAREST EXISTING ADDRESS TO YOUR NEW DRIVEWAY

Measurements to be made from the driveway of the nearest existing number to the non-addressed driveway. Include additional features (road intersections, other addressed drives) if possible.

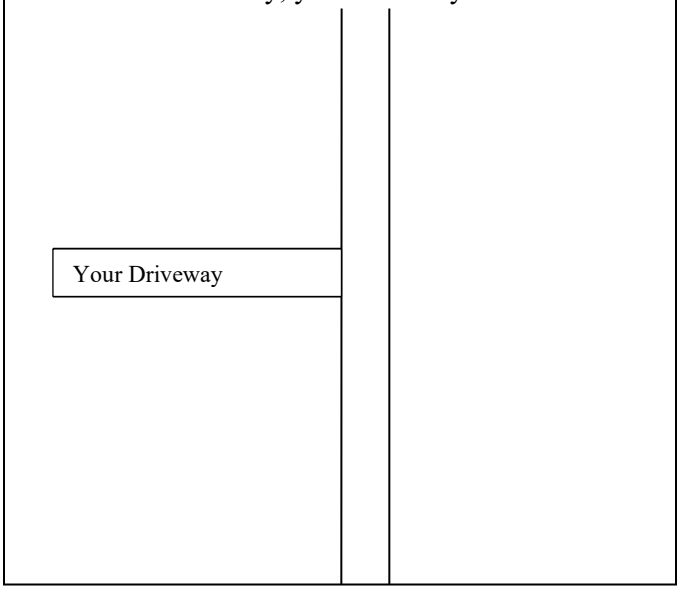
CHOOSE THE EXAMPLE THAT BEST FITS YOUR DRIVEWAY

Draw in additional features (road intersections, addressed drives) and their distance from your driveway

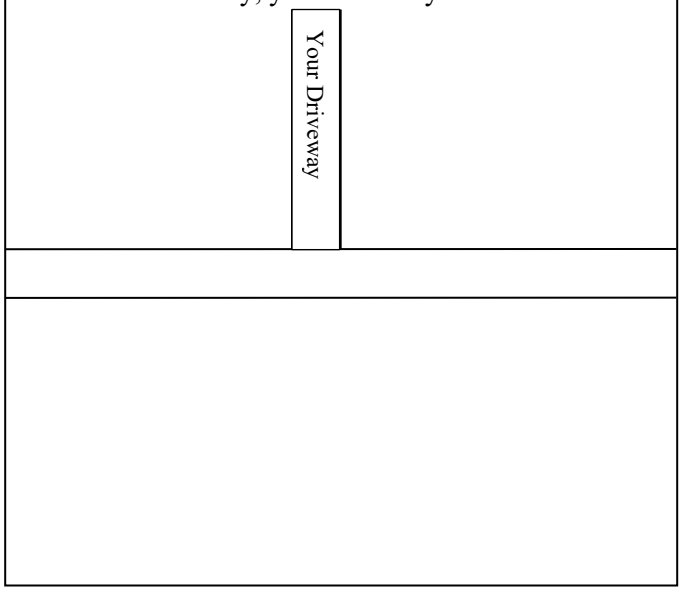
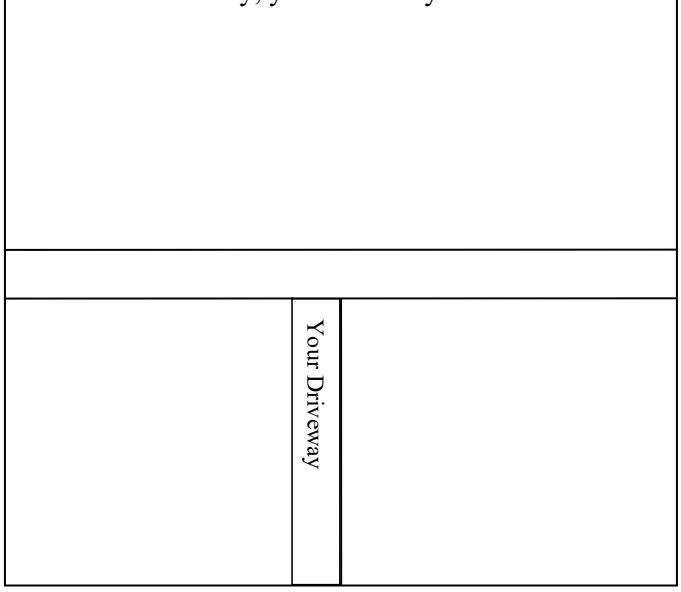
North-South roadway, your driveway on East side



North-South roadway, your driveway on West side



East-West roadway, your driveway on the North side



East-West roadway, your driveway on the South side