

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

New Number Assigned	Road Name	Postal Office _____, WI	Zip Code
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BY: _____

DATE: _____

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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

