

HOWELL TOWNSHIP
3525 BYRON ROAD, HOWELL, MI 48855
PHN: 517-546-2817 ext. 106; FAX: 517-546-1483
APPLICATION FOR ADDRESSING

FEE: \$25.00 – PER ADDRESS PARCEL ID# 4706____-____-____

PERSON REQUESTING ADDRESS: _____

OWNER NAME: _____

OWNER MAILING ADDRESS: _____

PHONE: () _____ - _____ FAX: () _____ - _____

- SUBMIT THE FOLLOWING REQUIRED INFORMATION:**
1. PROOF OF OWNERSHIP (LAND DOCUMENTS).
 2. LEGAL DESCRIPTION OF PROPERTY
 3. PLOT PLAN – SITE PLAN OF LOT SHOWING ANY EASEMENTS ON THE PROPERTY OR AND PROPOSED LOCATION OF HOUSE INCLUDING DRIVEWAY WITH CURB CUT APPROVED BY LIVINGSTON COUNTY ROAD COMMISSION

PROPERTY LOCATION:

ON _____ BETWEEN _____ AND _____
(STREET NAME) (STREET NAME) (STREET NAME)

ON THE _____ SIDE OF THE ROAD
(NORTH/SOUTH/EAST/WEST)

SUBDIVISION NAME: _____ LOT NUMBER/LETTER: _____

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OFFICE USE ONLY

ADDRESS ASSIGNED: _____

MAILED: _____ ADDED TO LIST: _____

APPROVAL:

- o ZONING DEPARTMENT
- o ASSESSOR

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