

ALLEGAN COUNTY HEALTH DEPARTMENT  
3255 122<sup>ND</sup> 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-habitable structure (i.e. pole barn, etc)
- Non-habitable 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