**CITY OF BLACK RIVER FALLS ADDRESS APPLICATION**

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| **Submit Completed Application to: City of Black River Falls, 101 S. Second Street, Black River Falls, WI 54615, Attn: City Administrator** |
| **City.admin@blackriverfalls.us** | **Phone: 715-284-2315** | **Fax: 715-284-1777** |
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|  |
| **TO BE** **COMPLETED BY THE APPLICANT** |
| **Name & Mailing Address of Applicant** |  |
| 1. **Name:**
 |  |
| 1. **Street:**
 |
| 1. **City/State/Zip:**
 |  |
| 1. **Phone:**
 |
| 1. **Email:**
 |  |
| **(Failure to provide your email address may delay processing of your application)** |  |
| **Will the new street number be used as your primary mailing address?** **[ ]  Yes** **[ ] No** |
| **Do you expect to receive USPS mail delivery at this new address? [ ]  Yes [ ] No** |
| **Parcel Number** | **Municipality** |
| **\_\_ \_\_ \_\_ - \_\_ \_\_ \_\_ \_\_ . \_\_ \_\_ \_\_ \_\_** | **City of Black River Falls** |
| **Legal Description** |
| **\_\_\_\_ ¼ \_\_\_\_ ¼; Section\_\_\_, T\_\_\_N, R\_\_\_** **[ ] E** **[ ] W** | **Certified Survey Map:** | **#\_\_\_\_\_\_\_\_\_\_** |
|  | **Volume\_\_\_\_\_ Page\_\_\_\_\_ Lot No.\_\_\_\_\_\_** |
| **Plat Name:** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Lot No. \_\_\_\_\_\_\_\_\_ Block No.\_\_\_\_\_\_\_\_\_**  |
| **Proposed residence/business will be located on the:** |
| [ ] **N** [ ] **E** [ ] **S** [ ] **W** | **of: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **(Name of Road, Street, Highway, Driveway)** |
| [ ] **NE** [ ] **SE** [ ] **SW** [ ] **NW** |
| **Proposed or existing driveway is located \_\_\_\_\_\_\_\_** [ ]  **Feet** [ ]  **Miles from the \_\_\_\_\_\_\_\_\_\_\_\_\_\_ edge of the parcel.** |
|  **distance direction** |
| **Proposed Use: (Please select only one)** |
| **[ ] Residential (ex. stick-built home, manufactured home, mobile home)** | **[ ] Commercial** |
| **[ ] Residential/Commercial (ex. business within a residence)** | **[ ] Infrastructure (ex. cell tower, public utility, substation, lift station, etc.)** |
| **[ ] Multi-Unit Residential (ex. duplex, apartment bldg., townhouse, etc.)** | **[ ] Industrial Site (ex. natural gas storage, mining, manufacturing, etc.)** |
| **[ ] Multi-Unit Commercial (ex. multi-suite business center)** | **[ ] Vacant Land** |
|  |  |
|  |  |

**“I, the undersigned applicant, understand that my address will be used by local ambulance, fire, and law enforcement services to locate my residence in case of an emergency, and by the U.S. Postal Service for the delivery of mail, and when installed, I will maintain the sign in such a way that it is clearly visible from the public thoroughfare.”**

**Signature of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**TO BE COMPLETED BY AUTHORIZED CITY OFFICIAL**

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| --- | --- | --- | --- | --- |
| **Assigned Address** | **Road/Street** | **Postal Community** | **State** | **Postal Code** |
|  |  | Black River Falls | WI | 54615 |
|  |
|  City Administrator Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   |
| **Copy Distribution** |
| **Applicant GIS/911 Data Municipality**  |