



ADDRESS APPLICATION

Town of Wheatland
600 9th Street
Wheatland, Wyoming 82201
307-322-2962 Fax: 307-322-2968

<u>Office Use Only</u>	
Application Fee:	\$50.00
Vicinity Map:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Proof of Ownership:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Date Complete Application was received:	

ADDRESS APPLICATION

Incomplete Applications will be returned

- New Address** *If the access road to the property is unnamed, you may need to apply for a new street name in addition to an address number.
- Address Change**

IMPORTANT NOTICES

A driveway must exist **before** an address is assigned, unless you are also applying for a building permit! **IF** you are also applying for a building permit **STAKE** and/or **FLAG** the location of the center of the future driveway.

All applications must include the following:

- Vicinity Map:** aerial view of the property showing cross streets.
- Proof of Ownership:** A copy of the deed, lease, or contract for deed.

ONE APPLICATION PER PARCEL

Applicant Name: _____

Phone No.: _____

Current Mailing Address: _____

E-mail: _____

Legal description of property for which this Building Permit is being requested: Lot: _____ Block: _____

Subdivision: _____

Quarter Section: _____

****Legal description can be found on the property deed****

of Section: _____

Township _____ North,

Range _____ West

Is the driveway accessible by 2WD/low clearance vehicle? Yes No

Closest intersecting road (s): _____

Application **MUST** include e-mail addresses or application will be considered incomplete.

APPLICATION SIGNATURES AND ACCESS PERMISSION

Right to ingress property for assessment, evaluation and inspections.

I, the undersigned, hereby grant authorized Town of Wheatland Personnel the right to enter onto this said land/property for any and all inspection purposes necessary to assign or reassign an address. I certify, to the best of my knowledge, that all the information in this application is true and correct. I, the undersigned, understand that I am applying for a new or change of address.

Signature of Applicant (s)

Date

<u>Planning Office Use Only</u>	
Date of site inspection: _____	GPS Coordinates: _____
Address Assigned: _____	
Address of each parcel and or structure assigned on each side of the applicant: _____	
Was a previous address assigned: Yes <input type="checkbox"/> No <input type="checkbox"/>	If so, does the new address assigned differ? Yes <input type="checkbox"/> No <input type="checkbox"/>
Date address and GPS coordinates emailed to EMS system administrator: _____	
Does the assigned address conform to addressing standards? (facing north on right odd (eastward direction), facing south on right (westward direction) odd? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Building Permit issued: Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes; number: _____