



APPLICATION FOR COMMERCIAL/ INDUSTRIAL ADDRESS REQUEST

**PLEASE USE ONE APPLICATION PER PARCEL #
MACOMB TOWNSHIP PLANNING OFFICE**

Property Owner NAME: _____

APPLICANT NAME: _____

Mailing Address For Reply:

Street Address: _____

City: _____ ZIP: _____

Telephone _____ - _____ - _____

Email _____

Parcel Number: 08- _____ - _____ - _____

Parcel Street Name: _____

____ NEW Construction / Proposed NEW BUILDING

____ ADDING Address to **existing building** (List Parent/Existing Address HERE: _____)

DATE OF ACTION OF SITE PLAN APPROVAL BY THE PLANNING COMMISSION: _____

(Include a copy of the approval letter with this submission)

Please submit the following to the PLANNING OFFICE:

- * One (1) reduced size plan or survey showing the parcel. (Do not submit a plan larger than 11x17). **ELECTRONIC (PDF) FILE PREFERRED.** If there are several parcels on this plan, **please indicate with an "X" on the parcel you need an address for as well as an arrow indicating the direction the building will "front"**. Please include cross roads that are near your property. **IF THERE ARE MULTIPLE ADDRESSES REQUIRED FOR THIS PARCEL, INDICATE TOTAL NUMBER HERE:** _____

Submission:

TO PLANNING OFFICE: planner@macomb-mi.gov

Signature (print below)

PRINTED NAME

Contact Address

Contact Phone Number

Email Address

_____/_____/_____
Date Submitted