



**APPLICATION FOR ADDRESS REQUEST
SINGLE RESIDENTIAL ADDRESS ONLY*
MACOMB TOWNSHIP PLANNING OFFICE**

*SUBDIVISION/CONDO DEVELOPMENTS USE MULTIPLE ADDRESS REQUEST FORM

Parcel Number(s): 08- _____ - _____ - _____

Parcel Street Name: _____

- 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.

Send Submission To:

PLANNING OFFICE - Email: planner@macomb-mi.gov

REQUESTOR NAME: _____

Role: ___Property Owner ___Other (Property owner must approve via signature)

Owner Signature

Owner Name (if different than Requestor)

Requestor's Address

Requestor's Phone #

Requestor's Email Address

Date Submitted