



# MACOMB TOWNSHIP

## PLANNING DEPARTMENT

54111 BROUGHTON RD  
MACOMB TOWNSHIP  
MICHIGAN 48042

586.992.0710 EXT. 7103

WWW.MACOMB-MI.GOV  
PLANDROPBOX@MACOMB-MI.GOV

### APPLICATION FOR ADDRESS REQUEST SINGLE RESIDENTIAL ADDRESS ONLY\*

\*IF REQUESTING MULTIPLE RESIDENTIAL ADDRESSES FOR A DEVELOPMENT,  
USE SUBDIVISION/CONDOMINIUM ADDRESS FORM

Parcel Number(s): 08- \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Parcel Street Name: \_\_\_\_\_

Please submit this form and the following information to the Planning Department at:

[PlanDropBox@Macomb-mi.gov](mailto:PlanDropBox@Macomb-mi.gov)

- One (1) reduced size plan or survey showing the parcel. (Do not submit a plan larger than 11x17). **ELECTRONIC (PDF) FILE REQUIRED.** 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.

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