

Application for Addressing



Charter Township of
Augusta
Michigan

8021 Talladay Road, P.O. Box 100
Whittaker, MI 48190-0100

Office: (734) 461-6117 Web: www.augustatownship.org

STAMP RECEIVED

STAMP PAID

TOWNSHIP FILE

ADD - ____ - ____

RELATED FILES

____ - ____ - ____

____ - ____ - ____

____ - ____ - ____

PAYMENT INFORMATION

FEE: \$55.00 Total Amount Paid: _____

Paid via Cash Check # _____

Rec'd By _____ Receipt # _____

G/L # ____ - ____ - ____ - ____

GENERAL INFORMATION

Name(s) of Legal Property Owner(s) _____

Street Address (Street # & Name or P.O. Box) _____

City _____ State _____ Zip _____ Email _____

Phone _____ Fax _____ Cell _____

Name of Petitioner (if Different from Owner) _____

Company _____ Interest in Property _____

Street Address (Street # & Name or P.O. Box) _____

City _____ State _____ Zip _____ Email _____

Phone _____ Fax _____ Cell _____

PROPERTY INFORMATION

Tax I.D. Number: _____

Road Property Abuts: _____ Side of Road: N S E W

When facing the property in question, from the road, what is the:

Address of house to the Left: _____ Address of house to the right: _____

What is the address of the nearest house across the street? _____

This application will not be processed until all of the following items have been attached:

Proof of Ownership Property Survey Legal Description of Property

AFFIDAVIT

By submitting this application, authority is given to Township representatives to physically view and inspect the property.

The undersigned says that (s)he is the Petitioner involved in this Application, and that the foregoing answers and statements herein contained, and the information herewith submitted are, in all respects, true and correct to the best of his/her knowledge and belief.

Petitioner Signature _____ Date _____

If the Petitioner and Property Owner are *NOT* the same individual, the Property Owner, by signing below, says that they have given the Petitioner permission to submit this Application, and accepts that all obligations assumed by the Petitioner in the course of pursuing this Application will become those of the Property Owner should the Petitioner fail to satisfy them.

Property Owner Signature _____ Date _____

This Section for Township Use Only!

SUBMISSION

Date Rec'd. _____ by _____

Application Form completed and signed by the Petitioner and/or Property Owner.

ZONING ADMINISTRATOR ACTION

Address Assigned: _____

Date Assigned: _____

Zoning Administrator Date

- Original application retained for Township File
- One copy of application returned to applicant
- Copy of application forwarded to Assessor

PAYMENT

Fee: \$55.00 Amount Paid: _____

Paid via: Cash Check # _____

Rec'd By _____ Receipt # _____

G/L # ____-____-____-____

FILING

For all new applications, a Township file number must be assigned and a new file must be created.

- Township File No.: ADD - _____ - _____
- Related Township Files cross-referenced
- Application tracking spreadsheet updated
- One copy of all materials delivered to Zoning Administrator