

# CLARK COUNTY PLANNING & ZONING

## APPLICATION for RURAL ADDRESS/EMERGENCY RESPONSE NUMBER

517 Court Street, Room 204  
Neillsville, WI 54456-1927

Ph: 715-743-5130

Fax: 715-743-5154

E-Mail: [planningandzoning@co.clark.wi.us](mailto:planningandzoning@co.clark.wi.us)

**APPLICATION FOR:**  NEW ADDRESS  REPLACEMENT ADDRESS SIGN

**FEE:** New address = \$50 Replacement sign = \$27

**Note:** If requested, a replacement sign post will be provided for an additional \$7.00.

Please fill out this application as completely as possible, and then return it with appropriate fee to the Planning & Zoning Department. (Obtain location information from tax receipt or land deed)

### OWNER / RESIDENT

Name \_\_\_\_\_

Current Mailing Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_

### BUILDING LOCATION

Tax Parcel # \_\_\_\_\_

\_\_\_\_\_ 1/4 \_\_\_\_\_ 1/4 of Section # \_\_\_\_\_

Twp. \_\_\_\_\_ N. Range \_\_\_\_\_ E or W

Lot \_\_\_\_\_, Block \_\_\_\_\_, Subdivision \_\_\_\_\_

Township of \_\_\_\_\_

Road Name \_\_\_\_\_

Road Frontage Length \_\_\_\_\_

Driveway exits onto \_\_\_\_\_

Town driveway permit obtained  Yes  No  N/A

If driveway intersects county/state/federal highway, permit obtained  Yes  No  N/A

Please select the following as they pertain:

New residence

Additional structure on parcel

Not numbered

New owner

Number change

Other \_\_\_\_\_

Please select the use type:

House

Mobile Home

Cabin

Camper

Garage/Shed/Shop

Other \_\_\_\_\_

**➔NOTE: THE ASSIGNED NUMBER IS THE LOCATION TO REFERENCE FOR 911 CALLS. ⬅**  
**PLEASE COMPLETE THE REVERSE SIDE OF THIS FORM (OVER)**

(OFFICE USE ONLY)

New address number: \_\_\_\_\_

Avenue/Road Name \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date Received: \_\_\_\_\_ \ \_\_\_\_\_ \ 20 \_\_\_\_\_

Fee Received \_\_\_\_\_ Receipt # \_\_\_\_\_

Date Measured \_\_\_\_\_ GPS: Y N

Date # Assigned \_\_\_\_\_

In Computer \_\_\_\_\_

Put on Map \_\_\_\_\_

Post Office \_\_\_\_\_

Fire Dept. EMT or First Responders \_\_\_\_\_

Order Sign \_\_\_\_\_

E-911/Treas. \_\_\_\_\_

Land Owner \_\_\_\_\_ Town \_\_\_\_\_

ESN: \_\_\_\_\_

POWTS/Privy letter needed  Yes  No

**DRAW YOUR SKETCH ON THIS SIDE OF FORM**


**IS DRIVEWAY CLEARLY MARKED? Yes \_\_\_ , IF NOT, MARK WITH STAKE OR FLAGGING.**

**On which side of the road is your building located? North South East West**

**My building/driveway is located \_\_\_\_\_feet North/South/East /West (circle one) from the nearest address sign.**

**My building/driveway is located \_\_\_\_\_feet North/South/East /West (circle one) from the intersection of \_\_\_\_\_ road/avenue and \_\_\_\_\_ road/avenue or \_\_\_\_\_ feet from a "40" corner.**

**PLEASE COMPLETE MAP AND IDENTIFY LOCATION OF NEW DRIVEWAY**

		
	(Road Name)	

**\*\*\*NOTE\*\*\* RETURN THIS ENTIRE FORM TO THE ADDRESS BELOW  
(fold here if mailing)**

**Current Return Address**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PLACE  
STAMP  
HERE**

**Clark County Planning & Zoning  
517 Court Street  
Room 204  
Neillsville, WI 54456**