

POLK COUNTY RURAL ADDRESS APPLICATION

MAKE CHECKS (black ink) PAYABLE TO:

Polk County Land Information Department
 100 Polk County Plaza, Suite 130
 Balsam Lake, WI 54810
 715-485-9111, Mon- Fri, 8:30am-4:30pm

NO.	
-----	--

COMPLETE ALL UNSHADED AREAS
INCOMPLETE APPLICATIONS MAY BE RETURNED
PLEASE PRINT – BLACK INK AND RETURN ORIGINAL FORM
PLEASE ALLOW 30-60 DAYS TO PROCESS APPLICATION

Property Address Assigned (Number & Street or Ave)
--

Property Owner _____
 Mailing Address _____
 City _____ State _____ Zip _____
 Email (optional): _____
 Phone number: _____

Contractor		
Address		
City	State	Zip
Phone Number	Mail receipt to Surveyor	<input type="checkbox"/> Yes <input type="checkbox"/> No
Previous owner	Date purchased	
Adjoining owner		
Adjoining owner		

LEGAL DESCRIPTION OF PARENT PARCEL

Parcel # / Computer # -- See tax bill _____ - _____ - _____	Lot #	Subdivision/CSM #	Gov't Lot
_____ 1/4, _____ 1/4, Sec _____ / T _____ N / R _____ W		Town of: _____	
Size of Parcel: _____ X _____		= _____ SQ FT OR _____ Acres	

Application for:

<input type="checkbox"/> New rural address sign (Fee: \$125 with new sanitary permit, \$150 without sanitary permit) Please complete "Additional Information" section and map below.
<input type="checkbox"/> Replacement Sign (Fee: \$75 Payable to Polk County Zoning) Current rural address number and name of road: _____

Additional Information:

Type of road access: <input type="checkbox"/> US or State Hwy <input type="checkbox"/> County Rd <input type="checkbox"/> Town Rd <input type="checkbox"/> Private Rd		Name of Road: _____
Is this a New Driveway: <input type="checkbox"/> Yes <input type="checkbox"/> No	Structures Currently Present: <input type="checkbox"/> Yes <input type="checkbox"/> No	Nearest address to driveway: _____
Address serves: <input type="checkbox"/> Dwelling <input type="checkbox"/> Accessory Building <input type="checkbox"/> Commercial Business <input type="checkbox"/> Vacant Land/ Parking Area		

Approvals: (New driveways only)

County Highway Driveway Permit # _____	WISDOT Driveway Permit # _____	Town Approval Received: <input type="checkbox"/> Yes <input type="checkbox"/> No
--	--------------------------------	---

Please attach any supporting documentation that may assist staff in locating your property and driveway location. I agree this application and all supporting documents have been examined by me and to my knowledge are complete, true, correct, and in compliance with Wisconsin Statute and Polk County Uniform Rural Addressing and Road Naming Ordinance. I agree to permit county officials charged with administering county ordinances and other authorized personnel to have access to the above described property at any reasonable time for inspections and issuance of an address for my property.

Sign Here: _____ Date: _____ Cash Credit Check # _____

COMMENTS:

Approved by: _____ Date: _____ Fee: \$ _____ Date Received: _____

Driveway Location Drawing

Location of the driveway is _____ feet, (North, South, East, West (select one)) of the existing driveway of address number _____ on _____ (road name) and/or _____ feet, (North, South, East, West (select one)) of the intersection of _____ and _____ on _____.



Large grid area for drawing the driveway location.

Example: Location of the driveway is 500 feet, (North, South, East West (select one)) of the existing driveway of address number E8515 on Crain RD (road name) and/or 1053 feet, (North, South, East West (select one)) of the intersection of Crain RD and County Hwy T on Crain RD.

