PHYSICAL ADDRESS

Planning Office – 600 9th Street – Wheatland, Wyoming 82201 Office 307.322-2962 – Fax 307.322.2968



□ New Physical Address

□ Address Change Request

All applications must include the following:

- Application: Fill out the application form completely. Incomplete applications will be returned.
- □ **Fees:** All applicable fees. Check or Cash only, the planning office cannot process credit cards.
- □ Vicinity Map: Aerial view of the property showing cross streets and driveway access.
- □ **Encroachment License:** Copy of the encroachment license for any driveway access off a State or County Road. For more information, contact WYDOT or Platte County Road and Bridge.
- □ **Proof of Ownership:** Book and page number of the deed, copy of the deed, lease, or contract for purchase.

IMPORTANT NOTICES

- ❖ A driveway must exist **before** an address can be issued.
- Encroachment licenses can be obtained from Platte County Road and Bridge.
- ❖ If the access road to the property is unnamed, you may need to apply for a new street name in addition to a physical address.

PHYSICAL ADDRESS INFORMATION

Applicant Name:	Phone No.:
Mailing Address:	
E-mail Address:	
f the applicant is other than the owner of the property for applicant must provide separate written approval from the pelow.	
Owner Name:	Signature.:
Mailing Address:	
E-mail Address:	Phone No.:
Proof of Ownership: Deed Book Page, 🗆 Deed	d, Lease, Purchase Contract Attached

Legal description of prope	ty for which this physic	cal address is being requested:	
Subdivision:	Tract/Lot(s): _	Quarter Section:	
Of Section:		North, Rangean be found on the property deed.	West
Is the driveway accessible b	y 2WD/low clearance v	vehicle? □ Yes □ No	
Building Certificate #:		Encroachment License #:	
	APPLICATION SIGNA	ATURE(S) AND ACCESS PERMISSION	
Rig	ht to ingress property fc	or assessment, evaluation, and inspections.	
requested. I certify, to the I that I am the owner of the application as his/her agen address.	pest of my knowledge, tabove-described prope	courposes necessary to assign or reassign this addrest that all the information in this application is true are erty or have been authorized by the owner to make anderstand that I am applying for a new or change of the control of t	nd correct, and e this of physical
Signature o	т Аррпсапц(s)	Da	te
	PLANN	IING OFFICE USE ONLY	
Date completed applicatio	n received:	Application Fee Total:\$100.00	
Date of site inspection:		GPS Coordinates:	
Address of surrounding pa	rcels:		
Previous address assigned:	□ Yes □ No	If yes, does the new address assigned differ: $\ensuremath{\square}$	Yes □ No
Physical Address Assigned:			
Assigned address conform on right (westward direction	•	rds? (facing north on right even (eastward direction), facing south
Date address and GPS coo	rdinates emailed to LISI	PS and FMS system administrator:	