## PHYSICAL ADDRESS

Planning Office – 600 9<sup>th</sup> 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:	
	of for which this building certificate is being sought, the the owner, or the owner may indicate approval by signing
Owner Name:	_ Signature.:
Mailing Address:	
E-mail Address:	Phone No.:
Proof of Ownership: Deed Book Page, 🗖 [	Deed, Lease, Purchase Contract Attached

Legal description of prope	rty for which this physica	al address is being requested:
Subdivision:	Tract/Lot(s): _	Quarter Section:
Of Section:		North, Range West an be found on the property deed.
Is the driveway accessible I	oy 2WD/low clearance v	vehicle? □ Yes □ No
Building Certificate #:		Encroachment License #:
	APPLICATION SIGNA	TURE(S) AND ACCESS PERMISSION
Rig	ht to ingress property fo	or assessment, evaluation, and inspections.
that I am the owner of the	above-described prope	that all the information in this application is true and correct, a erty or have been authorized by the owner to make this inderstand that I am applying for a new or change of physical
Signature o	f Applicant(s)	Date
	PLANNI	NG 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: $\square$ Yes $\square$ No
Physical Address Assigned:		
Assigned address conform on right (westward direction	•	ds? (facing north on right even (eastward direction), facing sou
Date address and GPS coo	rdinates emailed to USF	PS and EMS system administrator: