

# DOOR COUNTY UNIFORM SITE ADDRESS APPLICATION

Addresses are issued in accordance with Ordinance No. 02-00 & Uniform Addressing Manual

Submit application and \$40 check (made payable to Door County Treasurer) to:  
Door County Land Use Services Attn: Addressing  
421 Nebraska Street, Sturgeon Bay, WI 54235  
Phone: 920-746-2354 Email: [cmoe@co.door.wi.us](mailto:cmoe@co.door.wi.us)

Date: \_\_\_\_\_ Applicant Name: \_\_\_\_\_

Property Owner Name (if different than Applicant) \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Email \_\_\_\_\_ (for notification of new address)

Parcel Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Municipality: \_\_\_\_\_

Location: \_\_\_\_\_ ¼ \_\_\_\_\_ ¼, Section: \_\_\_\_\_, Town \_\_\_\_\_ N, Range \_\_\_\_\_ E

**Address numbers shall not be assigned until a driveway location has been determined.**  
(Contact your local municipality for more information on obtaining a driveway permit.)

Applicant must submit a **detailed drawing** showing proposed/current driveway and building location, if applicable. Include distances from property lines, road intersection, and the closest neighbor's driveway which is addressed. Applicants may use a separate sheet, the reverse side of this page or an aerial photograph of the property from the County webpage <http://map.co.door.w.us/map>

- The driveway is \_\_\_\_\_ feet from the (circle one) *North South East West* property line.
- Road Name that the driveway will access \_\_\_\_\_
- The driveway is \_\_\_\_\_ feet from the intersection of (road #1) \_\_\_\_\_  
and (road #2) \_\_\_\_\_
- My closest neighbor's address is \_\_\_\_\_
- Principal Use/Type of Structure: (circle one)  
Residential \_\_\_\_\_  
Commercial \_\_\_\_\_  
Industrial \_\_\_\_\_  
Agricultural \_\_\_\_\_  
Other \_\_\_\_\_

**OFFICE USE ONLY:** (Circle One)    New Address    Correction    Replacement    Summary Sign Needed

New Property Address: \_\_\_\_\_

City \_\_\_\_\_ WI Zip \_\_\_\_\_

**Note: It is the responsibility of applicant to contact the local post office if intending to receive mail at this address.**

Date of Payment: \_\_\_\_\_ Cash / Check # \_\_\_\_\_ Address Grid:    S/N    E/W

Date notified: Owner/Applicant \_\_\_\_\_ Municipality \_\_\_\_\_ Staff Initials \_\_\_\_\_