

**HOWELL TOWNSHIP**  
**APPLICATION FOR ADDRESSING**

3525 Byron Road Howell, MI 48855  
Phone: 517-546-2817 ext. 108  
Email: inspector@howelltownshipmi.org

Fee: \$25.00 per address Parcel ID #: 4706 - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Person Requesting Address: \_\_\_\_\_

Owner Name: \_\_\_\_\_

Owner Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

<b>Submit the Following Required Information:</b>
<ol style="list-style-type: none"><li>1. Proof of ownership (land documents)</li><li>2. Legal description of property</li><li>3. Plot plan – site plan of lot showing any easements on the property and/or proposed location of house including driveway with curb cut approved by the Livingston County Road Commission</li></ol>

Property Location:

On road name: \_\_\_\_\_ between roads \_\_\_\_\_ and \_\_\_\_\_

On the \_\_\_\_\_ (north/south/east/west) side of the road.

Subdivision name: \_\_\_\_\_ Lot Number/Letter: \_\_\_\_\_

Date: \_\_\_\_\_