

**WEST BLOOMFIELD TOWNSHIP FIRE DEPARTMENT**  
**ADDRESS REQUEST FORM**

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

Zoning Designation \_\_\_\_\_

Building Permit Application Submitted \_\_\_ Yes \_\_\_ No

Name \_\_\_\_\_

Conforming Lot \_\_\_ Yes \_\_\_ No  
(Meets Compatibility Requirements)

Mailing Address include City, & Zip Code \_\_\_\_\_

Telephone: \_\_\_\_\_

**PROPERTY FOR WHICH YOU ARE REQUESTING AN ADDRESS**

Sidwell Number(s): \_\_\_\_\_

Lot Number(s): \_\_\_\_\_

Subdivision Name (if applicable): \_\_\_\_\_

Street Name: \_\_\_\_\_

Name of Development (if applicable): \_\_\_\_\_

NOTE: For new developments, Fire Department review of proposed street names is required prior to address designation. Please submit two (2) copies of the approved site plan with all street names.

---

**FOR OFFICE USE ONLY**

Designated Address: \_\_\_\_\_

Recorded on Township Maps: \_\_\_\_\_ Map No: \_\_\_\_\_

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

**\*\*\*\*EFFECTIVE 9/17/07\*\*\*\***

***There will be a \$100.00 fee per each new or reassigned address***