

<b>Address/ Fire/ House Number Application</b>	
Property Owner:	
Property Owner Telephone Number:	
Property Owner Mailing Address:	
Applicant Name (if different than Owner):	
Signature of Owner:	
Email address:	Date:

You need to get a Driveway Permit **first** for the Town of Big Flats to go with this application.  
**Please mark where your driveway is to be installed.**  
**The Town of Big Flats Highway Supervisor will fill out all the measurements below.**

<b>Property Location</b>					
Municipality:					
Parcel Number:					
Sec.	Town:	Range:	1/4	1/4	Gvt Lt:
Lot:	Blk	Subdivision:			
Lot:	CSM:				

<b>For Adams County Use Only</b>	
Date Assigned: _____	Replacement Sign: _____
Address on Computer: _____	
Address on Property: _____	Hwy Permit:    ___ Yes    ___ No    ___ Existing
Notified Property Owners or Applicant by: Phone ___ Mail _____	
In Person _____ Email _____	
<b>New Site Address:</b>	
_____	

Return to: Town of Big Flats  
 1104 County Road C  
 Arkdale, WI 53613-9728  
 email: clerk@tn.bigflats.wi.gov

Phone: (608)564-7754