



# TOWNSHIP of LIGONIER

## NEW ADDRESS ASSIGNMENT

DATE:

>> YOU MUST COMPLETE BOTH SIDES <<

PROPERTY OWNER:

LOCATION OF PROPERTY:

PHONE #:

TAX MAP #

CURRENT ADDRESS (IF ANY):

NEW RESIDENTIAL CONSTRUCTION

REVISED RESIDENTIAL OCCUPANCY

NEW COMMERCIAL CONSTRUCTION

REVISED COMMERCIAL OCCUPANCY

NEIGHBORING PROPERTY OWNER: (L/R/X)

NEIGHBORING PROPERTY OWNER: (L/R/X)

NEIGHBORING PROPERTY OWNER: (L/R/X)

EMS LOCATIONS:

TOWNSHIP/COUNTY USE ONLY BELOW THIS LINE

DATE REQUEST RECEIVED:

DATE REQUEST APPROVED:

APPROVED BY:

DATE REQUEST DENIED:

AID # \_\_\_\_\_

9-1-1 ADDRESS: \_\_\_\_\_

**YOUR STRUCTURE WAS NOT REPORTED AS AN EXISTING STRUCTURE ON THE 1999/2000 ADDRESSING PROJECT REPORTS, THERE ARE ALSO NO PERMITS OR OCCUPANCY PERMITS ON FILE FOR YOUR STRUCTURE, PLEASE COMPLETE THE FOLLOWING INFORMATION:**

PLEASE COMPLETE THIS BELOW INFORMATION FOR THE STRUCTURE YOU ARE REQUESTING THE NEW ADDRESS FOR ONLY:

DATE OR YEAR STRUCTURE WAS BUILT: \_\_\_\_\_

DATE OR YEAR THE STRUCTURE WAS FIRST OCCUPIED: \_\_\_\_\_

DATE OR YEAR THE STRUCTURE WAS LAST OCCUPIED: \_\_\_\_\_

DESCRIBE THE STRUCTURE (CABIN/COTTAGE/APARTMENT/GARAGE APARTMENT) \_\_\_\_\_

SQUARE FOOTAGE OF THE STRUCTURE \_\_\_\_\_ NUMBER OF STORIES & HEIGHT \_\_\_\_\_

NUMBER OF ROOMS IN STRUCTURE \_\_\_\_\_ NUMBER OF BEDROOMS IN STRUCTURE \_\_\_\_\_

DATE OF APPROVALS – PERMITS – OCCUPANCY PERMITS FOR STRUCTURE \_\_\_\_\_

IF YOUR STRUCTURE EXISTED PRIOR TO 9/1/1997 & IS NON CONFORMING, YOU WILL NEED TO REQUEST THAT A CERTIFICATE OF NON-CONFORMITY BE ISSUED BY FILLING OUT & SUBMITTING THE PROPER FORM. WITH THE FORM YOU NEED TO PROVIDE A NOTARIZED STATEMENT OR PHOTOGRAPHIC EVIDENCE THAT THE STRUCTURE EXISTED PRIOR TO 9/1/97.

IF YOUR STRUCTURE WAS CONSTRUCTED AFTER 9/1/1997, IT IS IN VIOLATION OF THE TOWNSHIP ORDINANCES & YOU MUST REMEDY THE VIOLATION PRIOR TO OUR ISSUING AN OCCUPANCY PERMIT & ADDRESS FOR YOUR STRUCTURE.

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TOWNSHIP ACTION

RECORDS FOUND Y N

STRUCTURE NONCONFORMING: Y N

REMEDY \_\_\_\_\_

DATE \_\_\_\_\_ OFFICER \_\_\_\_\_