



JOHNSON COUNTY PLANNING DEPARTMENT

26 N DeSmet Ave, Buffalo, Wyoming 82834
Phone: (307) 684-1907
E-mail: jwaller@johnsoncowy.us

REC. BY: _____
DATE: _____
ADDRESS: _____

OFFICE USE

Form Revised 7/1/2021

ADDRESS APPLICATION

An address application must be submitted for a new address to be assigned to a residence, business or other structure requiring a physical address for purposes of emergency response or utilities or mailings.

If an access will serve more than two (2) address sites; the access road will be required to be named and all existing addresses will be required to be re-numbered to reflect the new Road Name.

APPLICANT INFORMATION:

Applicant Name: _____

Mailing Address: _____

Phone Numbers: _____

E-mail: _____

PROPERTY INFORMATION:

Property Owner: _____

Owner Address: _____

Owner Phone Number(s): _____

Parcel Identification Number: _____ Previous Owner: _____

LEGAL DESCRIPTION:

Township: _____ Range: _____ Section: _____ Lot/Tract No. or Quarter/Quarter: _____

Subdivision Name (if applicable): _____

LOCATION OF AND ACCESS TO STRUCTURE:

Provide structure Location: _____ Latitude _____ Longitude _____

Is the access FROM an existing named road? Yes No

Provide Name: _____

If the access is FROM a County Road, has the access been approved? Yes No N/A

If no, contact the Johnson County Road and Bridge Department for access approval.

If the access is FROM a State Highway, has the access been approved? Yes No N/A

If no, contact the Wyoming Department of Transportation for access approval.

Provide Approved or Constructed

Access Location: _____ Latitude _____ Longitude _____

Signatures: The information presented in this application is true and correct to my knowledge. I understand that presenting missing or incorrect information may result in my application being returned. I understand that if my access is currently used by two other addressed sites, the legal access will be become a named road and all addresses along the access will be changed to reflect the named road; I shall bear the cost of all changes necessary.

APPLICANT: _____ DATE: _____