

# JACKSON COUNTY RURAL ADDRESS APPLICATION

Submit Completed Application to: Jackson County Zoning and Land Information Department, 307 Main Street, Black River Falls, WI 54615  
[joe.pilkington@jacksoncountywi.gov](mailto:joe.pilkington@jacksoncountywi.gov) Phone: 715-284-0284 Fax: 715-284-0238

TO BE COMPLETED BY THE APPLICANT – \*PLEASE ALLOW UP TO 4 WEEKS FOR PROCESSING\*

<b>Current Mailing Address of Applicant</b>	<b>Driveway Access:</b>
1. Name:	<input type="checkbox"/> <b>Class A – US / State Highway</b> You <b>MUST</b> attach a copy of state permit (DT-1504). Applications will not be processed without an approved permit. <input type="checkbox"/> <b>Class B – County Highway</b> You <b>MUST</b> attach a copy of an approved driveway permit from the Jackson County Highway Department. <input type="checkbox"/> <b>Class C – Town Road</b> Please attach a copy of approved driveway permit from your Local Municipality. <input type="checkbox"/> <b>Class D – Private Road</b> A private road is owned or controlled by a private person or persons rather than a public road maintained by a government.
2. Street:	
3. City/State/Zip:	
4. Phone:	
5. Email:	
<small>(Failure to provide your email address may delay processing of your application)</small>	
<b>Will the new fire number be used as your primary mailing address?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Do you expect to receive USPS mail delivery at this new address?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Parcel Number</b>	<b>Municipality</b>
_____ - _____ . _____	(City/Village/Town): _____
<b>Legal Description</b>	<b>Certified Survey Map: # _____</b>
_____ ¼ _____ ¼; Section _____, T _____ N, R _____ <input type="checkbox"/> E <input type="checkbox"/> W	<b>Volume _____ Page _____ Lot No. _____</b>
<b>Plat Name:</b> _____	<b>Lot No. _____ Block No. _____</b>
<b>Proposed residence will be located on the:</b>	
<input type="checkbox"/> N <input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> W                      of: _____ <input type="checkbox"/> NE <input type="checkbox"/> SE <input type="checkbox"/> SW <input type="checkbox"/> NW                      (Name of Public Road, Street, Highway, Private Road)	
<b>Proposed or existing driveway is located _____ <small>distance</small> <input type="checkbox"/> Feet <input type="checkbox"/> Miles from the _____ <small>direction</small> edge of the parcel.</b>	
<b>Proposed Use:</b> (Please select only one)	
<input type="checkbox"/> Residential (ex. stick-built home, manufactured home, cabin, mobile home)	<input type="checkbox"/> Accessory Structure (barn, pole shed, garage, etc.)
<input type="checkbox"/> Commercial	<input type="checkbox"/> Infrastructure (ex. cell tower, public utility, substation, lift station, etc.)
<input type="checkbox"/> Residential/Commercial (ex. business within a residence)	<input type="checkbox"/> Industrial Site (ex. natural gas storage, mining, manufacturing, etc.)
<input type="checkbox"/> Multi-Unit Residential (ex. duplex, apartment bldg., townhouse, etc.)	<input type="checkbox"/> Farmhouse and Outbuildings
<input type="checkbox"/> Multi-Unit Commercial (ex. multi-suite business center)	<input type="checkbox"/> Agricultural Operation
<input type="checkbox"/> Travel Trailer (ex. RV, motorhome, camper, trailer, etc.)	<input type="checkbox"/> Vacant Land (No Improvements)

"I, the undersigned applicant, understand that I do not own my assigned Jackson County rural/residential address, which shall be used to aid emergency personnel to locate and/or navigate to persons during times of emergency, as well as to receive mail and package deliveries by the U.S. Postal Service. I promise to maintain my fire sign in such a way that it is always clearly visible from the public thoroughfare."

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

**\*Please attach a map of your property and indicate your approved driveway location and the location of any existing or proposed structures.**  
 You may generate a map of your property from the Jackson County Interactive Web Map at the following address: <http://jacksoncowi.wgxtreme.com/>

TO BE COMPLETED BY THE 911 COORDINATOR OR AUTHORIZED COUNTY OFFICIAL

Assigned Address	Road/Street	Postal Community	State	Postal Code

911 Coordinator: \_\_\_\_\_ Date: \_\_\_\_\_ RPL: \_\_\_\_\_

**Copy Distribution**

Applicant	Owner	GIS/911 Data	Highway Department	Municipality	USPS	WisDOT	Zoning
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Additional Comments: \_\_\_\_\_

# TOWN ROAD CONNECTION APPLICATION

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### TO BE COMPLETED BY THE APPLICANT

1. Name:	3. Date:
2. Town Road:	
<b>Parcel Number</b>	<b>Municipality</b>
_____ - _____ . _____	Town of: _____

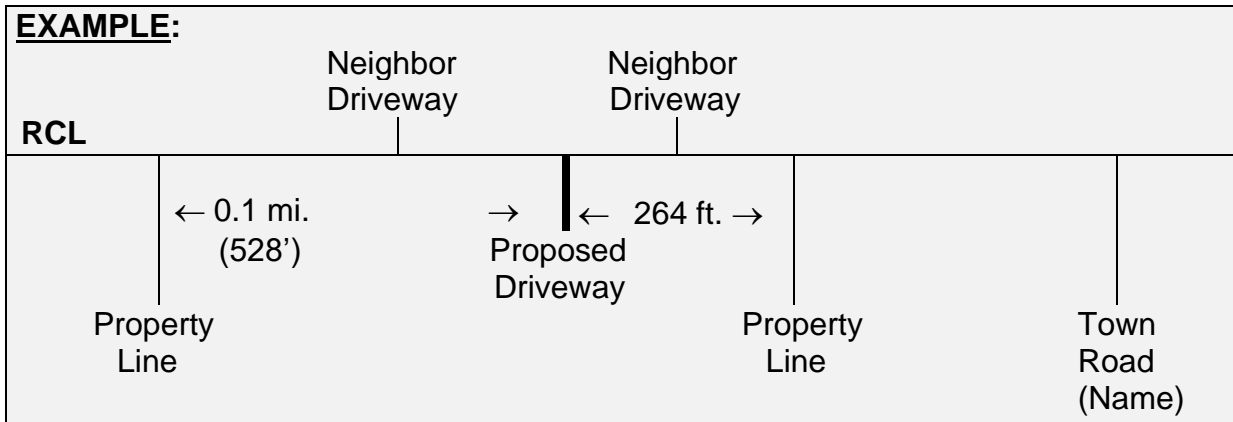
### Proposed driveway will be located:

N  E  S  W  
 NE  SE  SW  NW of: \_\_\_\_\_  
(Name of Town Road)

Please measure and record the distances between the location of the proposed Town Road connection, other connections (driveways, public and private roads, and trail crossings) and the owner's property lines along the Town Road Centerline (RCL). Record this information as shown on the example at the bottom of the page. Record distances in feet or miles. For your convenience you may print a map of your property at: <http://jacksoncowi.wgxtreme.com>

### Please provide a detailed sketch showing the proposed Town Road Connection location.

RCL



### TO BE SIGNED BY THE APPLICANT AND PROPERTY OWNER

I certify that the information provided above is truthful and accurate. I understand that any change in the location of my driveway, following assignment of a rural address, may result in a need to readdress my structure/property. I further understand that the property owner will be responsible for any costs incurred as a result of this relocation, regardless of the reason, including the result of unforeseen circumstances.

Applicant: \_\_\_\_\_ Property Owner: \_\_\_\_\_ Date: \_\_\_\_\_  
*(if different from applicant)*

### TO BE SIGNED BY AN AUTHORIZED TOWN REPRESENTATIVE

The Town hereby approves the applicant's proposed driveway location without objection.

Town Representative: \_\_\_\_\_ Date: \_\_\_\_\_