



City of Muskegon Planning Department
933 Terrace St. Muskegon, MI 49440
231.724.6702

Please be advised that the "**Land Division Tax Payment Certification Form**" must be signed by the County Treasurer in order for the County Equalization to complete the process for a lot split. The County Treasurer does charge a fee for the certification.

REQUEST TO ASSIGN OR REVISE STREET ADDRESS

Applicant Information

Name: _____ Date: _____

Phone: _____ e-mail: _____

It is the responsibility of the property owner to comply with the requirements set by the US Postal Service, as well as to advise all public utilities (gas, electric, telephone, cable, etc.) of address change(s).

Property Owner Information

Owners Name: _____ Phone: _____

Address: _____

Property/Parcel Information

*****Please Attach Maps/Drawings Depicting Property/Parcel Location*****

Property Street Name: _____

Nearest Cross Street(s) or Intersection _____

☐ Assign New Address

☐ Combine Parcel(s) – Revise Address

☐ New Construction

☐ Combine Parcel(s) – Assign New Address

☐ Change Address

☐ Split Parcel – Revise Address

☐ Right of Way Permit

☐ Split Parcel – Assign New Addresses

If a Right of Way Permit has already been issued, please list the permit number: _____

Parcel Number(s)

61-24- _____ - _____ - _____ - _____

61-24- _____ - _____ - _____ - _____

61-24- _____ - _____ - _____ - _____

61-24- _____ - _____ - _____ - _____

61-24- _____ - _____ - _____ - _____

61-24- _____ - _____ - _____ - _____

Description of Request: _____

Applicant Signature: _____ Date: _____

Please mail your application and required map/drawings to the address listed above or submit via email

to: planning@shorelinecity.com



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REQUEST TO ASSIGN OR REVISE STREET ADDRESS

City Assessor Parcel Assignment

New/Split Parcel Number(s)

61-24- _____ - _____ - _____ - _____

61-24- _____ - _____ - _____ - _____

61-24- _____ - _____ - _____ - _____

61-24- _____ - _____ - _____ - _____

61-24- _____ - _____ - _____ - _____

61-24- _____ - _____ - _____ - _____

Assessor Signature: _____

Date Issued: _____

City of Muskegon Planning Department Address Assignment

*****Please Attach Assignment Notice*****

New Address(s)

Address: _____

Address: _____

Address: _____

Address: _____

Notes: _____

Staff Signature: _____

Date Issued: _____

Title: _____

City of Muskegon Notifications

☐ Address Database Entry

☐ City Treasurer

☐ Notification Letter Postmark Date: _____

☐ SAFEbuilt (Inspections)

☐ City Clerk

☐ US Post Office (Postmaster: Mike Storey)