

**City of Brainerd/Crow Wing County E-911  
REQUEST NEW ADDRESS FOR NEW CONSTRUCTION**

Name of Applicant: \_\_\_\_\_  
Contact Phone Number: \_\_\_\_\_  
Current Mailing Address: \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_

**Please Fill Out Completely and Accurately:**

Name of the road your driveway intersects: \_\_\_\_\_  
Which side of the road is your structure? North \_\_\_\_\_ South \_\_\_\_\_ East \_\_\_\_\_ West \_\_\_\_\_  
With the addition of this structure, will the driveway service more than two Residential or Commercial structures?  
Yes \_\_\_\_\_ No \_\_\_\_\_ How many houses/businesses will use the same driveway? \_\_\_\_\_  
Describe how the driveway location will be marked: \_\_\_\_\_  
Is the driveway already in place & usable? Yes \_\_\_\_\_ No \_\_\_\_\_ (Location must be marked)

**\*\*\*Failure to mark driveway with something distinctive (name, stake, lathe, ribbon, etc.), will delay address assignment!!!\*\*\***

**Real Estate Code/Parcel Number of the Property** (15 Digits) \_\_\_\_\_  
Township \_\_\_\_\_ Range \_\_\_\_\_ Section # \_\_\_\_\_  
Resident's names or addresses of building sites on **both** sides of your driveway location:

\_\_\_\_\_  
\_\_\_\_\_  
**Driveway Location:** (Must include an accurate description/sketch of driveway location in relation to properties in the area.) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please note that there will be a line item on your building permit described as an E-911 Addressing Fee. This charge covers City and/or County administrative costs as well as the cost of the blue and white fire number identification plate (if applicable). **\*\*\*Be sure to mark your driveway location as indicated above, so that the new address can be assigned in 2 weeks.**

FOR CITY OF BRAINERD/CROW WING COUNTY USE ONLY BELOW THIS LINE

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Date Received: \_\_\_\_\_ Government Jurisdiction \_\_\_\_\_

**ADDRESS ASSIGNED:** \_\_\_\_\_

City: \_\_\_\_\_ MN Zip Code: \_\_\_\_\_

Date Assigned: \_\_\_\_\_ By: \_\_\_\_\_  
Field Work Date: \_\_\_\_\_ By: \_\_\_\_\_

**NOTIFIED:**

Resident \_\_\_\_\_ Post Office \_\_\_\_\_ Sign Dept. \_\_\_\_\_ Auditor \_\_\_\_\_ City \_\_\_\_\_  
MSAG & ESN changes relayed to IES \_\_\_\_\_

Fee Paid \_\_\_\_\_ Receipt # \_\_\_\_\_ Initial and Date \_\_\_\_\_