

REQUEST FOR ADDRESS ASSIGNMENT/VERIFICATION

APPLICANT/REPRESENTATIVE INFORMATION:

Requester's Name: _____ Date: _____

Business/Company Name : _____

Mailing Address: _____

E-Mail: _____ Phone: _____

TYPE OF REQUEST(S):

Assignment of a New Address

Verification of an Existing Address (9-1-1)

Correct Address

(seeking new address due to incorrect address)

Request for Suite/Building Number(s)

PROPOSED/EXISTING USE(S):

Single-Family Residential

Two-Dwelling Unit Residential

Multi-Family Residential

Non-residential: _____

PROPERTY INFORMATION:

Subdivision/Plat Name: _____

Block No.: _____ Lot No.: _____ [SPCAD](#) Property ID: _____

Existing/Proposed Zoning: _____

If surrounded by multiple streets, what street is front door facing? _____

General location: _____

Existing [SPCAD](#) Address: _____

Signature: _____

OFFICE USE ONLY

Official Assigned Address: _____

Street No.

Street Name

Apt/Unit/Suite No.

Review completed by: _____ Date: _____

Attached:

Site Plan

Floor Plan

Plat

Approved

Conditional Approval

Denied