



**ADDRESS ASSIGNMENT APPLICATION**

Existing Address(es): \_\_\_\_\_  
*number street name unit/apt. if applicable*

Assessors Parcel Number(s): \_\_\_\_\_

Address(es) Requested: \_\_\_\_\_

Reason for Request:  New Address  Change of Address  Other: \_\_\_\_\_

Existing Property Use: \_\_\_\_\_ Proposed Property Use: \_\_\_\_\_

List current addresses on either side of property: \_\_\_\_\_

**Please attach a site map depicting the surrounding property's addresses to this form.**

Current Property Owner's Name(s): \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Is this request related to a current building permit? No  Yes

If yes, building permit number: \_\_\_\_\_

Is this request related to a current planning application? No  Yes

If yes, PA #: \_\_\_\_\_

\_\_\_\_\_  
*Property Owner's Signature*

\_\_\_\_\_  
*Date*

*(For Office Use Only)*

FEE: \$ 406.00  
per Fiscal Year 2017-18 Fee Schedule

Received: Check  Credit Card  Cash