



PLANNING AND ZONING DEPARTMENT
ADDRESSING ASSIGNMENT APPLICATION
(formerly AUTHORIZATION FOR UTILITLY SERVICES)

SUBJECT PROPERTY OWNER INFORMATION

INITIAL Type of Request (one box only): [] New Address Assignment [] Existing Address Verification
[] New Address WITH (Construction / Placement) Development

Name:
Mailing Address:
City/State/Zip Code:
Physical Address: IF EXISTS FOR SUBJECT PROPERTY
City/State/Zip Code: IF EXISTS FOR SUBJECT PROPERTY
Email:
Phone Number:

Submitter confirms subject property 1) Tax Bill, and 2) Recorded Deed is attached.

Signature (Submitter) Date

SHADED SECTION BELOW FOR P&Z STAFF USE ONLY

INITIAL boxes if 1) [] Tax Bill, and 2) [] Recorded Deed is attached to this application page prior to sending to GIS.

Signature (Receiver; or Staff Submittal) Date

INITIAL applicable box IF Staff Submittal: [] Address Correction, or [] Zoning / Code Enforcement

Subject property reflected on attached Bill and Deed is located in the following unincorporated Zone(s):

INITIAL box [] certifying Vicinity Addressing Map (identifying subject Property) attached for above Physical E911 Address recommended by GIS Staff, and uploaded for dispatch, pending Director approval.



Signature (GIS) Date