

COUNTY OF CLARION GIS & MAPPING DEPARTMENT

421 Main Street Clarion, PA 16214
PHONE: 814-226-4000 x 2317 Fax: 814-297-7997

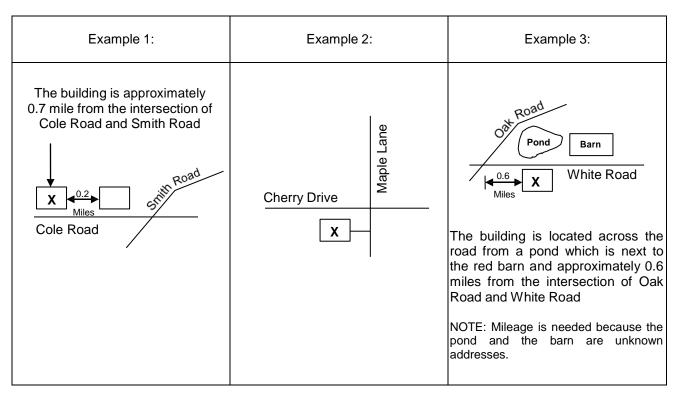
Email: Ismith@co.clarion.pa.us



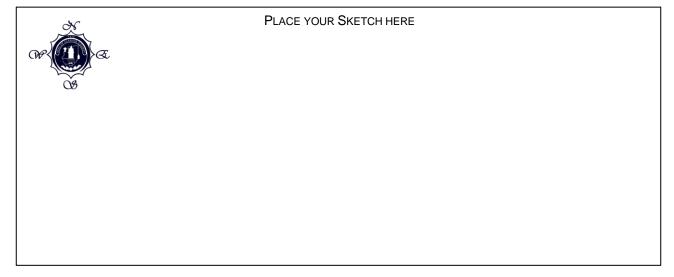
NEW ADDRESS REQUEST

Applicant Inform	nation					
1. Applicant Nam	ne:		2. Telephone No:			
3. Current Mailin	g Address:					
City:		Sta	ate:	Zip Code:		
New Address Inf	ormation					
4. Township or E	Borough of new add	dress/structure:				
5. Road Name & NOTE: If located	Route Number: at an intersection, list	road name which you	r structure faces			
6. Address of ne	arest addressed	structure:				
7. Has a structure	e been constructed	?				
Yes (If Yes	, then skip to question	9) N o				
8. Structure stage) :					
	Foundation is the above has occurred mark where the center	ed, then before sendin		ken Four corners are marked a, please place a stake in the ground with an		
9. Has the drivew	ay been constructe	d?				
Yes NOTE: If No, the center of the driv		No pplication, please plac	e a stake in the g	round with an orange ribbon to mark where the		
10. Type of struc	cture to be constru	cted:				
Residential:	Single Family	Duplex	Multifamily -	Number of families:		
Other:						
Commercial/Man	ufacturing: Si	ngle Business/Site	Multipl	e Businesses/Sites - Number of		
Businesses/Site	s:	Other:				
11. Survey and/or	Google Map: Please s	submit drawings along	g with this reque	st if available.		
Please submit draw each floor, including	g the identification for	equest. Drawings sho each unit (Example:	ould show the loc Apartment 1, Ap	nds, etc.: cation of each apartment and building suite for partment 2, Suite 300, Suite 400). Drawings tification for each lot (Lot 1, Lot 2, Lot A, Lot		
13. Tax Map/Pard	el Number: 00-00	0-000-000-00				

14. In the section below, sketch the approximate location of the new address structure on the lot(s) upon which it will be situated, showing the nearest street(s), location of adjacent structures (if any), streams, bodies of water, or any other items that will enable us to assign an address in a precise manner. For your convenience, please refer to the examples below.



NOTE: In addition to providing the distance between the roadway and the structure you are requesting an address for, please provide GPS Latitude & Longitude coordinates of your structure: ______N, ______W if known.



Please submit this form to the County of Clarion Mapping and GIS Department using the address on the front of this form. Notification of a new address will be sent to the municipality listed in Question 4) and to the applicant at the applicant's current mailing address approximately two weeks after receipt of application.

Please do not write below this line (Official Use Only)						
Approved by:						
	Name	Title				
Signature		Date				