



APPLICATION FOR NEW ADDRESS

CITY OF NEW PHILADELPHIA - SERVICE DIRECTORS OFFICE - MAPPING

330-364-4491 X1275

File Reference No _____

Applicant's Current Contact Information

(*) Date Requested _____	(*) Phone _____
(*) Name _____	Home _____
(*) Address _____	Cell _____
(*) City _____ St _____ Zip _____	Work _____
Note: _____	

New Address Location Information

New address type () Home () Duplex () Apartment () Business () Cell tower () Vacant Lot
 () Other _____

If Mobile Home: MH #: _____ Moving Permit #: _____ and County _____

Parcel Number / Name _____ Seg ID _____

Road Number _____ in _____ Address Range _____
(IR, US, SR, CR, TR, MU, PR) (township or city)

Road Name _____

Addresses of nearest existing structure _____

New Address is _____ of existing structure on the _____ side of the road
(North, South, East, West, Between) (same, opposite, even, odd)

Is driveway utilized by more than one structure () Yes () No.

Is structure on a dedicated private drive? () Yes () No - Part of a subdivision () Yes () No

Drive Lon _____	Structure Lon _____
Lat _____	Lat _____
X/Easting _____	X/Easting _____
Y/Northing _____	Y/Northing _____

New Address # Information	ESN _____	<u>Updated /Notification</u>
	TAX DIST _____	() .XLS Address DataBase
	BOE PRE _____	() CAD Map updated
		() SHP Map updated
() New Address	() Change of Address	()
New Address Number _____		()
Street _____		() 911 Attn: Debbie Donato
		() BOE Attn: Pat Barnes
City (Postal) _____ Zip _____		() Auditor Attn: REAPPR Dept
		() Post Office _____
Community Name _____		() Health Department
		() City Attn: _____
Note _____		Date Letter sent _____