## ADDRESS REQUEST FORM

JACKSON COUNTY 911 ADDRESSING OFFICE 401 GRINDSTAFF COVE RD., SUITE 275 SYLVA NC 28779 828-586-7537 or 828-586-7508 FAX: 828-586-2596

The following information is required in order to assign you a permanent house number and road name. This address is necessary in order for Jackson County to provide you, the homeowner, with adequate emergency service when a 9-1-1 call is made. Your address will be assigned as soon as possible after your request is made. (The driveway must be established on property in order to assign address.) This address must be acquired before a final building inspection can be made. The telephone company will not install a telephone without the correct physical street address. <u>This form must be filled out if you are building a new home, placing a singlewide mobile home, a doublewide mobile home or a modular home on the property</u>. If you are building an addition to a home that has already been addressed you will not need to fill out this form.

NAME:(Homeowner)		TELEPHONE:
CONTRACTORS NAME:	C	CONTRACTOR TELEPHONE:
ROAD NAME:		PIN #: (Parcel Identification Number)
DIRECTIONS TO BUILDI	ING SITE:	
GIVE A DESCRIPTION O	<b>OF THE NEW HOME: (exan</b>	nple: two-story gray house)
If this home is not to be you <u>telephone number</u> where yo		ence, please list an <u>out-of-town address</u> and
ADDRESS:		
TELEPHONE:		
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HOUSE NUMBER	DIRECTION	ROAD NAME