

APPLICATION FOR NEW 9-1-1 ADDRESS

Lawrence County Department of Planning & Community Development

430 Court Street, New Castle, PA 16101 724-656-1907 724-656-2151(fax)

amiller@lawrencecountypa.gov

Full Name of Applicant					
Current Mailing Address of Applicant (Where Notification will be mailed)					
Phone Number(s) of Applicant					
Fax or E-Mail Address of Applicant					
ADDRESSING LOCATION INFORMATION:					
Township, Borough or City of New Address					
Year the structure built was/will be constructed					
Road that the <u>driveway</u> connects with					
Road the structure will face if a corner lot					
Closest intersecting road					
Distance between closest intersecting road and your driveway (in feet)					
Previous property owner (if known)					
Permanent Parcel ID (<i>obtain from Lawrence County Tax Assessor office 724-656-2176</i>)					
As seen from the house facing the	oad (your back	to the house):			
Nearest residence on left	Name:		Addres		
Nearest residence on right	Name:		Addres		
Nearest residence across road	Name:		Addres	SS:	
REQUIRED INFORMATION: We are unable to process requests without this information.					
Building Permit No. (attach copy):			Re	esidential	Comm./Ind./Other
Deed or Lease Document Number:			□ Sin	ngle Family	☐ Single Site
Required Documents where applicable (including compliance			□ Mu	ıltiple Family	☐ Multiple Site
with PA MPC, Flood Plain				# of Units	# of Units
Management Act, Stormwater	I				
Management Act, etc., copies	I			her	□ Other
must be included with application):	I				
Applicant must also submit an a	accurate map	of your propose	ed location, roadwa	avs, driveways	and neighboring
structures with this application.					
Notice to Applicant: (1) The Department does not handle addressing request via phone or in person. (2) All addressing requests are on a first come, first serve basis. Requests can take 2 weeks to process. (3) A New Address Notification Letter will be returned to the Applicant, the appropriate Municipality, and the USPS. (4) Addresses are subject to change.					
Lawrence County Department of Planning & Community Development USE ONLY					
Date Application Received:		Municipality:			
Field Verification Date:		Verified By:		-	
Address Assigned:	<u> </u>		Date:		
Date Entered Into MSAG:		Entered By:			
GPS / LATLONG:					
Comments:					