JACKSON COUNTY 9-1-1 OFFICE
401 Grindstaff Cove Rd., Suite 275
Sylva, NC 28779
(828)586-7537
(828)586-7573 fax

ADDRESS REQUEST FORM

Date of Application: _____

The following information is required in order to assign you a permanent house number and road name. This address is necessary 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 cut in on the property before the address can be generated.) This address must be posted on your home or at your driveway before a certificate of occupancy can be issued. <u>This form must be filled out if you are building a new home or placing a mobile home on your property. Leave this form at the building permit office.</u>

Homeowner's Name:_____ Telephone: _____

Contractor's Name:_____ Telephone: _____

Road Name: _____ PIN # _____
Parcel Identification Number

Building Permit #:_____ Lot # (if applicable): _____

Directions to building site: _____

_____

_____

Name of nearest neighbor:_____

Description of new home: (example: 2-story gray house)

_____

If this home is not to be your permanent full-time residence, please list an out of town mailing address and telephone number where you can be reached.

Mailing Address:_____

_____ Telephone:_____

FOR OFFICE USE ONLY

NEW HOME ADDRESS:_____