

TOWN OF NORRIDGEWOCK
Physical Address Assignment Request Form

Name of Owner	
Mailing Address	
Phone Number	
Tax Map	Tax Lot
Type of Structure to be Numbered	<input type="checkbox"/> Dwelling <input type="checkbox"/> Mobile Home <input type="checkbox"/> Modular Home <input type="checkbox"/> Commercial Bldg <input type="checkbox"/> Other _____
Plumbing Permit	
Building Permit	
Name and/or address of nearest abutter	

Road Entrance Permit Required?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
New Road Name Required?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	First choice	
	Second choice	
	Third choice	
	Current address	

OFFICE USE ONLY
Feet from nearest structure before
Feet from nearest structure after
Feet from origin of street
Temp. Physical Address Assigned
Date Owner Notified
Perm. Physical Address Assigned
Date Owner Notified
Date Post Office Notified