

# 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 Date			
Building Permit Date			
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	