9-1-1 ADDRESS APPLICATION

Please complete this form and return it to:

PAGE COUNTY GIS DEPARTMENT
103 S. Court St. Suite F
Luray, Virginia 22835
PHONE: 540-743-7316       FAX: 540-743-7412

Date__________________

Contact Information: **Please print clearly**
Applicant’s Name_____________________________________________________________
Current Mailing Address (where the 9-1-1 address assignment letter will be sent):
______________________________________________________________________________ (street address)
______________________________________________________________________________ (town/city, state and zip code)
Current Phone Number ______________________ Work/Cell: ______________________
Best Time to Contact _______________________________________________________
Property Owner’s Name (if different) _____________________________________________
Contact information for Property Owner (if different) __________________________________

INFORMATION REQUIRED FOR A NEW 911 ADDRESS:

If the structure is or will be located in a town’s limits, please specify which town:___________
Does the structure exist currently? Yes ______  No ______
Does the driveway accessing the property exist currently? Yes ______  No ______
Have you filled out a building permit application? Yes ______  No ______
Name of the road the driveway connects with _________________________________
Name of the closest intersecting named road _________________________________
Previous property owner ____________________________________________________
What type of structure (residential, commercial, storage, etc.)?______________________
Other notes: __________________________________________________________________

Please provide the following information:

Tax Parcel Number: ___________________________________________________________  (can be obtained from the Commissioner of the Revenue’s Office)

Distance between the closest intersecting named road and your driveway: (in feet) ______

As seen from the house facing the road:

Nearest residence on left:  (Name) ______________________ (House #) __________
Nearest residence on Right: (Name) ______________________ (House #) __________
Residence across road: (Name) ______________________ (House #) __________
APPLICANT MUST DRAW A SITE MAP ON THE BACK PAGE OF THE APPLICATION

PLEASE SHOW THE FOLLOWING INFORMATION IN THE SPACE BELOW:

- Location of proposed or existing home and proposed or existing driveway (A)
- The closest intersection to your driveway and distance between them (B)
- Location of the nearest neighbors and their house numbers (C, D, E, …)
- Distance, in feet, between nearest neighbors’ driveways and your driveway

ADDRESSES ARE DETERMINED BY THE LOCATION OF YOUR DRIVEWAY.

Remember to measure all distances in feet and try to draw the map as accurately as possible. Driveway distances are very important to the addressing process; we count on you to provide accurate measurements. Please include road names, neighbors’ house numbers, and clearly designate your house and driveway.

GPS FIELD DATA COLLECTION: *****office use only*****
Date Collected _____/_____/_______ Signature _______________________
Longitude (X-.78.) Latitude (Y 38.)