



**COUNTY OF CLARION GIS & MAPPING DEPARTMENT**

421 MAIN STREET CLARION, PA 16214  
PHONE: 814-226-4000 x 2315 FAX: 814-297-7997  
Email: [elder@co.clarion.pa.us](mailto:elder@co.clarion.pa.us)



**NEW ADDRESS REQUEST**

**Applicant Information**

1. Applicant Name: \_\_\_\_\_ 2. Telephone No: \_\_\_\_\_

3. Current Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**New Address Information**

4. Township or Borough of new address/structure: \_\_\_\_\_

5. Road Name & Route Number: \_\_\_\_\_  
**NOTE: If located at an intersection, list road name which your structure faces**

6. Address of nearest addressed structure: \_\_\_\_\_

7. Has a structure been constructed?  
Yes (If Yes, then skip to question 9)      No

8. Structure stage:  
Built      Foundation is in      Ground had been broken      Four corners are marked  
**NOTE: If none of the above has occurred, then before sending this application, please place a stake in the ground with an orange ribbon to mark where the center of the structure will be**

9. Has the driveway been constructed?  
Yes      No  
**NOTE: If No, then before sending this application, please place a stake in the ground with an orange ribbon to mark where the center of the driveway will be**

10. Type of structure to be constructed:  
Residential:      Single Family      Duplex      Multifamily – Number of families: \_\_\_\_\_  
Other: \_\_\_\_\_

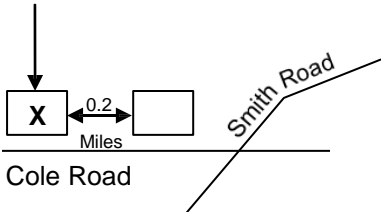
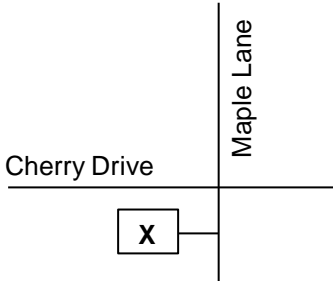
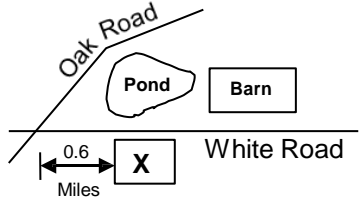
Commercial/Manufacturing:      Single Business/Site      Multiple Businesses/Sites - Number of  
Businesses/Sites: \_\_\_\_\_ Other: \_\_\_\_\_

11. Survey and/or Google Map: Please submit drawings along with this request if available.

12. Apartment Buildings, Business Offices, Trailer Courts, Camp Grounds, etc.:  
Please submit drawings along with this request. Drawings should show the location of each apartment and building suite for each floor, including the identification for each unit (Example: Apartment 1, Apartment 2, Suite 300, Suite 400). Drawings for mobile home parks should show the location of each lot, including the identification for each lot (Lot 1, Lot 2, Lot A, Lot B).


13. Tax Map/Parcel Number: 00-000-000-000-00

14. In the section below, sketch the approximate location of the new address structure on the lot(s) upon which it will be situated, showing the nearest street(s), location of adjacent structures (if any), streams, bodies of water, or any other items that will enable us to assign an address in a precise manner. For your convenience, please refer to the examples below.

Example 1:	Example 2:	Example 3:
<p>The building is approximately 0.7 mile from the intersection of Cole Road and Smith Road</p> 		 <p>The building is located across the road from a pond which is next to the red barn and approximately 0.6 miles from the intersection of Oak Road and White Road</p> <p>NOTE: Mileage is needed because the pond and the barn are unknown addresses.</p>

NOTE: In addition to providing the distance between the roadway and the structure you are requesting an address for, please provide GPS Latitude & Longitude coordinates of your structure: \_\_\_\_\_N, \_\_\_\_\_W if known.

PLACE YOUR SKETCH HERE



Please submit this form to the County of Clarion Mapping and GIS Department using the address on the front of this form. Notification of a new address will be sent to the municipality listed in Question 4) and to the applicant at the applicant's current mailing address approximately two weeks after receipt of application.

**Please do not write below this line (Official Use Only)**

Approved by: \_\_\_\_\_  
Name Title

\_\_\_\_\_  
Signature Date