



911 PHYSICAL ADDRESS REQUEST

Submit by Fax # 903-536-1021/ Email: permits@co.leon.tx.us / at the 911 Addressing Office

DATE OF REQUEST: _____

APPLICANTS NAME: _____ PHONE NUMBER: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

1. NATURE OF REQUEST

New location for residential or commercial property. New address for existing location.

2. PROPERTY INFORMATION

Road Location: _____ Physical Location/Description: _____

Lot/Tract: _____ Acres: _____ Survey: _____

Subdivision: _____ Current Owner: _____

Neighbor`s Address and Direction if known: _____

3. DESCRIPTION OF STRUCTURE

Please, provide a description of structure for which address is requested:

<u>Type</u>	<u>Exterior</u>	<u>Color/Trim</u>
<input type="checkbox"/> Mfg. Home SW or DW	<input type="checkbox"/> Brick	_____
<input type="checkbox"/> Frame Home	<input type="checkbox"/> Wood	Number of Stories: <u>1</u> <u>2</u> <u>3</u>
<input type="checkbox"/> Brick Veneer Home	<input type="checkbox"/> Siding _____	
<input type="checkbox"/> Commercial	<input type="checkbox"/> other _____	
<input type="checkbox"/> Barn	<input type="checkbox"/> Distinguishing features _____	

OFFICE USE ONLY

PHYSICAL ADDRESS: _____

CITY: _____ ZIP CODE: _____

FLOODPLAIN REVIEW: NO SFHA PARTIAL INSIDE FLOODZONE Initials of Reviewer: _____