

ADDRESS NUMBERING INFORMATION APPLICATION

1 Name of TOWNSHIP: _____

2 Copy of Legal Description **AND** Deed or Survey or Tax Map
(Must have distance to an intersection) (At least one of the above)

3 Is parcel: Recorded? Y N Being Subdivided? Y N Land Contract? Y N

Parcel #: _____

4 Name of CURRENT* OWNER: _____
(*Owner's name(s) as shown on tax bills/List ALL Owner's names)

IF IN TRANSFER...NAME OF PREVIOUS OWNER: _____

5 ROAD the DRIVEWAY FRONTS on: _____

6 SIDE of road parcel is on: North South East West

7 Amount of ROAD FRONTAGE: _____ feet Total acreage of parcel: _____

8 IS / WAS there a HOUSE, BUILDING, or DRIVEWAY on the parcel? _____

9 Is driveway in MIDDLE of the road frontage? Y N

If no, how many feet from the North South East West property line? _____

10 NEAREST INTERSECTION to your parcel: _____

Is your parcel: North South East West of this road and how far? _____

11 Name of Person this number is to be sent to: _____

12 Current Mailing Address: _____

13 Telephone: _____ E-mail Address: _____

***** FOR OFFICE USE ONLY *****

_____ Feet North South East West of C/L of _____ Road or Township Line.

NUMBER ASSIGNED:	STREET NAME	STREET SUFFIX INCLUDE DIRECTIONAL	(AVE CIR CT DR EXT LN PL RD ST)	MSAG VERIFIED Y / N
_____	_____	_____	_____	_____

PERMANENT PARCEL #: _____

_____ # entered on Township Address Map _____ # forwarded to Auditor

_____ # entered on Twp Address Directory _____ # forwarded to 911

_____ # entered in Log Book _____ # logged out

Please make checks payable to "Ashtabula County Treasurer" and mail with completed application/documents to: Community Services & Planning Dept, 25 W Jefferson ST, Jefferson, OH 44047

\$20.00 Fee Paid: Y N Check or Cash Date Logged in: _____ Logged in by: _____

Application #