# **County of McKean**

## **NEW 911 ADDRESS REQUEST FORM**

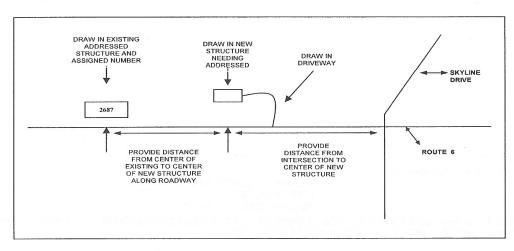
### **Applicant Information**

1. Applicant Name:	2. Telephon	e No:
3. Current Mailing Address:	C	Sity State Zip code
4. Municipality new addressable structure is located i	n:	
New	Address Information	
5. Road Name (or Route No.):	ted on a corner, list road, which your driveway w	/ill access.
6. Address of nearest addressed structure:		
7. Distance and direction from nearest addressed str	ucture (to nearest 1/10 mile):	refer to Question 13, Example I for sample measurement.
8. Has this new address had a prior subdivision and/o  No Yes (If yes see question 9) 9. Name of subdivision or sub divider / land owner:		
10. Type of construction of new address: Residential Single family Duplex Triplex Multiple family No. Of families Other  11. If known, please provide the following information Parcel number Deed book & page No. (s)	□ Multiple Businesses/S □ No. of Businesses/Site □ Other on the new address	ites es

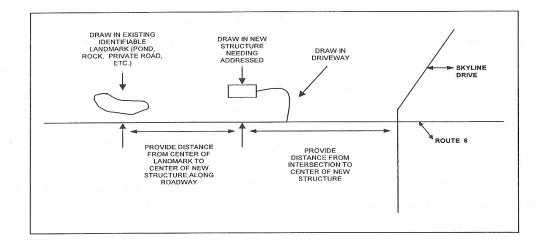
#### New Address Location

13. In the section below sketch the approximate location of the new address 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 McKean County or its Contractor to assign an address in a precise manner. For your convenience, please refer to examples.

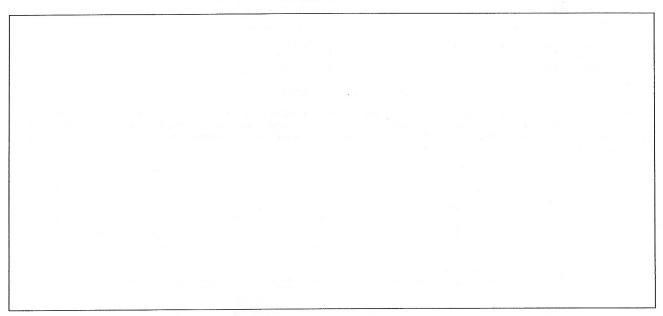
Example I







#### YOUR DRAWING



14. Please submit this form to:

McKEAN COUNTY 911 17175 ROUTE 6 SMETHPORT, PA 16749

Structure to be addressed must be at least staked out at the time of submission. Notification of a new address will be sent, approximately two weeks after receipt of application.