

# County of McKean

## NEW 911 ADDRESS REQUEST FORM

### Applicant Information

1. Applicant Name: \_\_\_\_\_ 2. Telephone No: \_\_\_\_\_
3. Current Mailing Address: \_\_\_\_\_  
Address City State Zip code
4. Municipality new addressable structure is located in: \_\_\_\_\_

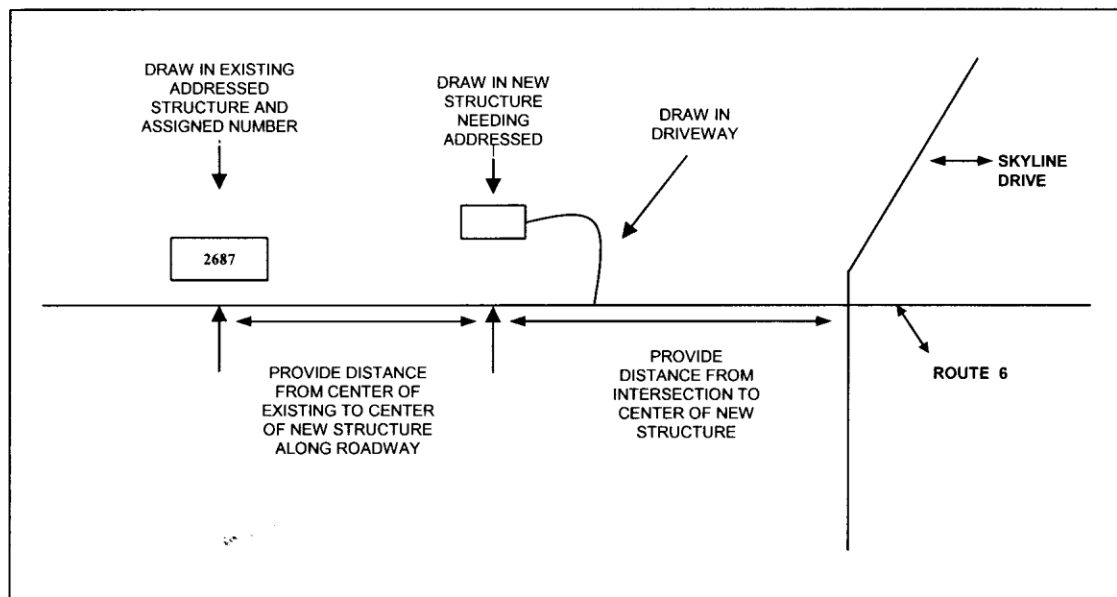
### New Address Information

5. Road Name (or Route No.): \_\_\_\_\_  
Note: If located on a corner, list road, which your driveway will access.
6. Address of nearest addressed structure: \_\_\_\_\_
7. Distance and direction from nearest addressed structure (to nearest 1/10 mile): \_\_\_\_\_  
Note: Refer to Question 13, Example I for sample measurement.
8. Has this new address had a prior subdivision and/or land survey performed?  
 No  Yes (If yes see question 9)
9. Name of subdivision or sub divider / land owner: \_\_\_\_\_
10. Type of construction of new address:
- |  |                                 |                                  |  |  |
|--|---------------------------------|----------------------------------|--|--|
| Residential                              |                                 |                                  | Commercial/Manufacturing                               |  |
| <input type="checkbox"/> Single family   | <input type="checkbox"/> Duplex | <input type="checkbox"/> Triplex | <input type="checkbox"/> Single Business/Site          |  |
| <input type="checkbox"/> Multiple family |                                 |                                  | <input type="checkbox"/> Multiple Businesses/Sites     |  |
| No. Of families _____                    |                                 |                                  | <input type="checkbox"/> No. of Businesses/Sites _____ |  |
| <input type="checkbox"/> Other _____     |                                 |                                  | <input type="checkbox"/> Other _____                   |  |
11. If known, please provide the following information on the new address
- |                                |                         |
|--------------------------------|-------------------------|
| Parcel number _____            | Tax map number _____    |
| Deed book & page No. (s) _____ | Acreage of lot(s) _____ |

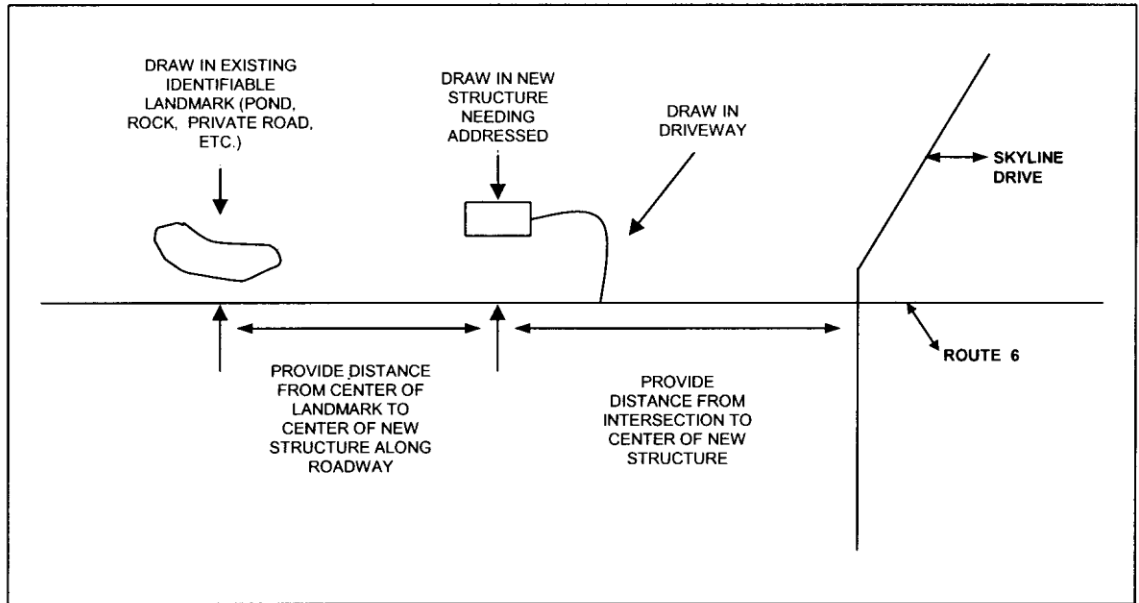
### New Address Location

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



Example 2



**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.