

TOWN OF JOHNSBURG

PO Box 7 ~ 219 Main Street

North Creek, NY 12853

Phone: (518)251-2421

FAX: (518)251-9991

9-1-1 ADDRESS APPLICATION

Please complete this form and return it to the above address

***** PLEASE PRINT CLEARLY *****

Present Mailing Address:

Full Name: _____

Current Mailing Address: _____

City: _____ State _____ Zip: _____

Primary Phone: _____ Secondary Phone: _____

Best Time to Contact: _____

Email: _____

Information Needed for New Address:

Tax Map ID# of Property: _____

Location of New Address: _____

Is there currently a driveway? Yes No

Name of the nearest intersecting road: _____

Are you the current owner or renter? Yes No

Name of previous owner: _____

Estimated distance between the closest intersecting road and your driveway: _____ FT

As Seen From the House, facing the road:

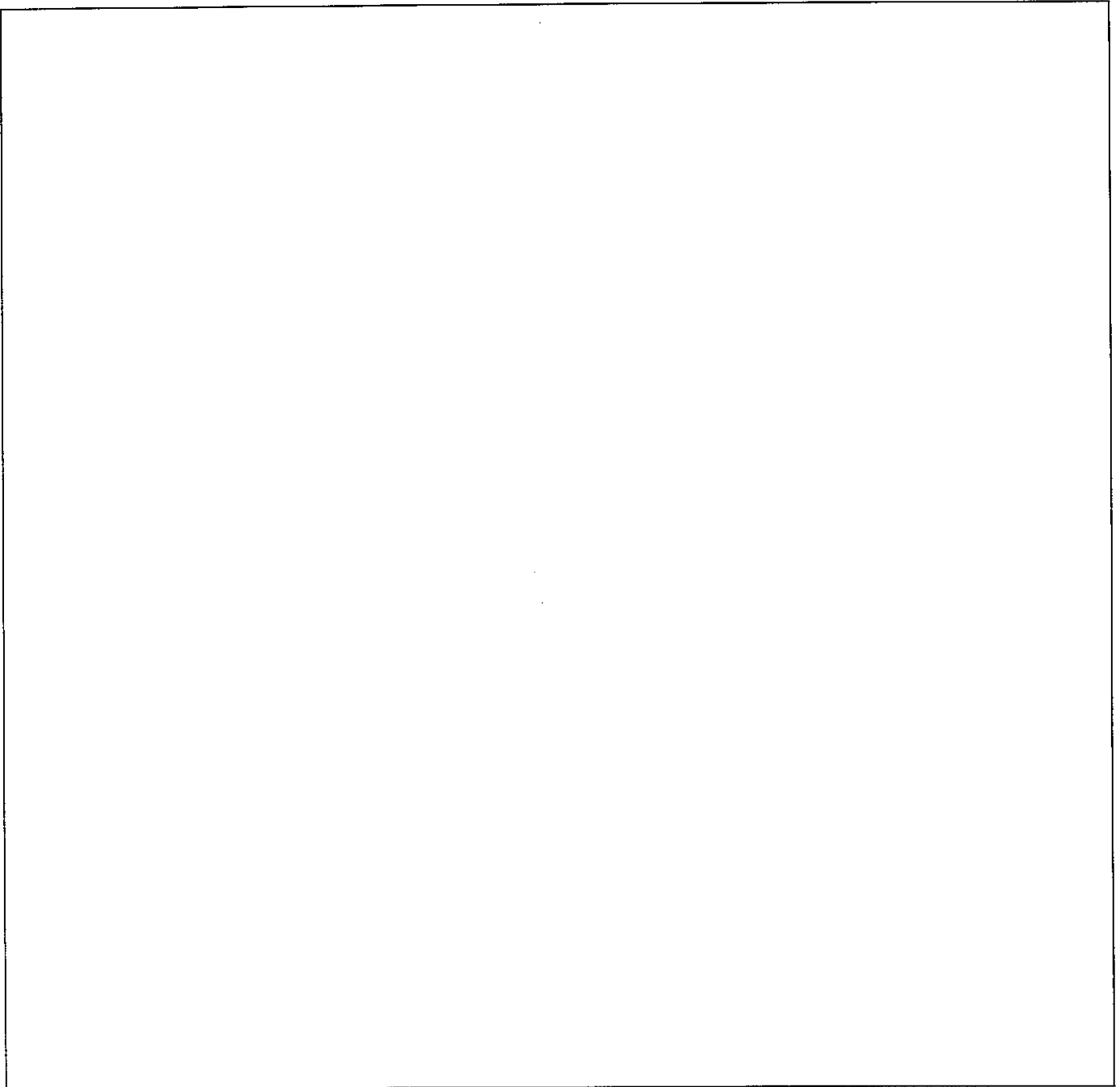
Nearest residence on the left (Name) _____ (House #) _____

Nearest residence on the right (Name) _____ (House #) _____

Residence across the road (Name) _____ (House #) _____

Please provide a rough sketch of the area including the following:

1. Location of your home (or proposed home) and new or existing driveway
2. The closest intersection to your driveway and the distance between them
3. The location of the nearest neighbors and their house numbers
4. Distance (in feet) between nearest neighbors' driveway and your driveway



Addresses are determined by the location of your driveway IF the structure is not visible from the road. Remember to measure all distances in feet and try to draw the map as accurately as possible. Driveway distances are very important to the addressing process. Please attempt to provide the most accurate measurements possible

Should you have any questions please contact Ann Deppe at (518)251-2421 ext. 25 or you can email her at depdo@aol.com Please allow 7-10 days for all requests.