## FRANKLIN COUNTY E911 ADDRESS REQUEST

## IF FLAGS ARE NOT OUT YOU WILL HAVE TO REAPPLY & PAY AN ADDITIONAL \$25.00

	Office Use only
Date Flags to be Posted:	Request #
Flags must be visible from the roadway. Place flags within	Payment Method:
5 feet from the edge of the road and approximately 15 feet	CASH CHECK #OTHER
apart.	Received By:Date:
ı	
Form <u>must</u> be filled out completely.	
Please Print:	
Property Owner Name:	Phone:
Email:	
Is applicant the same as the property owner? YES NO If N	NO, list the applicant's name below.
Applicant Name:	Phone:
Email:	
Property Information:	
Road Name:	
List the two closest intersecting roads that property is in between:	
and	
Road Name Road Nar	
Approximate mileage from the nearest intersection:	/
Mileage	Road Name
Located on the   LEFT   RIGHT coming from:	
Road Name	
Lot # Parcel #	Graded Driveway: ☐ YES ☐ NO
Will the address be used for: Residential $\square$ Commercial $\square$	Other 🗆
Is there an existing structure on the property? YES NO	
If yes, describe the structure	
The new address be located: IN FRONT ☐ BEHIND ☐ TO	THE LEFT $\square$ TO THE RIGHT $\square$ of existing structure.
Will this address share a driveway with an existing address? <b>YES N</b>	O If yes, list addresses:

Will the proposed structure on the property be:	
$\square$ Mobile Home Residence, if so, check type: Single Wide $\square$ Double Wide $\square$	
☐ Single Family Residence, if so, check type: One story ☐ Two story ☐ Other ☐	
☐ Multi Family Residence, if so, describe:	
□ Non-residential structure, if so, describe:	
Optional: Use this box to draw location of proposed driveway along with existing structures or roads.	
OFFICE USE ONLY	
Assigned Address:	
Other MSAG Information:	
Shares Driveway with: Description:	
Date:	