

Request for New Street Address
CITY OF GAFFNEY
(864) 487-8500

Date: _____

Property Owner: _____

Phone Number: _____ Cell Phone: _____

Owner's Current Mailing Address: _____

Please provide the following information about the property:

1) Property Tax Map #: _____

2) Is this: (Check all that apply)

- an undeveloped lot with no known address
- an existing building with no known address
- the site of new construction
- the result of a property that is being subdivided
- a single family dwelling
- a multiple family dwelling
- a business with only one address
- one structure with multiple tenants and/or suites
- other (please describe) _____

3) Please submit a site plan, and building plan if multiple suites, depicting the location of the property in reference to nearby properties and/or landmarks, and the size, shape, and street frontage of the property.

4) The undersigned hereby certifies that he/she is the owner or the authorized agent of the owner, and that the information provided is accurate.

Signature: _____

FOR OFFICE USE ONLY

ZONING DISTRICT: _____ PROPOSED USE: _____

ZONING OFFICIAL: _____ DATE: _____

*NEW ASSIGNED ADDRESS: _____

ASSIGNED BY: _____ DATE: _____

*The applicant will be notified in writing to the mailing address listed above of the newly created address and of any regulations regarding the posting of the address at the property.