



CLAY COUNTY ADDRESS APPLICATION

DATE: _____

APPLICANT NAME: _____ PHONE: () _____ PHONE 2: () _____

PROPERTY OWNER NAME: _____ PHONE: () _____ PHONE 2: () _____

PARCEL NUMBER: _____

IF PARCEL # NOT YET ASSIGNED, PARENT PARCEL: _____

SUBDIVISION: _____ BLOCK: _____ LOT: _____

FROM WHICH ROAD WILL THE DRIVEWAY BE ACCESSED? _____

SPECIAL INSTRUCTIONS: _____

Include any special requirements or comments.

WHEN NEW ADDRESS IS ASSIGNED:

_____ I WILL PICK UP _____ FAX TO () _____ MAIL TO: _____

_____ EMAIL TO: _____

NOTE: Assignment of address does not guarantee permit approval.

Instructions:

Please complete this form as completely as possible. Note that some address assignments may require an on-site visit by County addressing personnel. In the event that this assignment creates the need to name a private easement, all property owners along the easement will be notified and given the opportunity to participate in the naming process. This will affect the assignment completion time. If you have any questions, call (904) 278-3781.

Return completed application via fax/email/mail to:

Clay County Addressing
P O Box 1366
Green Cove Springs, FL 32043

Fax: (904) 541-5806

Email: AddressingDept@co.clay.fl.us