



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: _____

DIRECTIONS TO SITE: _____

Please be as detailed as possible and include any landmarks or noticeable features on or near the property.

DRIVEWAY FLAGGED? Y N

SITE PLAN INCLUDED? Y N

SPECIAL INSTRUCTIONS: _____

Include any special requirements or comments.

WHEN NEW ADDRESS IS ASSIGNED:

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

_____ EMAIL TO: _____

Instructions:

Please complete this form as completely as possible. Note that most address assignments will require an on-site visit by County addressing personnel. Please provide accurate directions to your location. Addresses are based on the location of the driveway. Therefore, be sure the driveway is flagged prior to submitting an address application. 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. **NOTE: Assignment of address does not guarantee permit approval.** 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