



# 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? \_\_\_\_\_

REASON FOR ADDRESS: (circle one, if other please specify)

NEW HOME

REPLACEMENT HOME

OTHER: \_\_\_\_\_

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@claycountygov.com