



VANCE COUNTY 911 ADDRESSING

156 Church Street Suite 002

Henderson, NC 27536

Office: 252/438-8264

Fax: 252/438-8145

E-911 ADDRESS REQUEST FORM

This information is for Enhanced 911, U.S. Postal Services and Vance County Tax Office. **PLEASE NOTIFY YOUR POST OFFICE OF YOUR NEW ADDRESS IMMEDIATELY.** Begin using your new address immediately. Please display this address number, with a minimum of 4" numbers, on your home and a minimum of 1" numbers on your mailbox. Persons living more than 120 feet off the road should post these numbers on a sign at the driveway. An address will be assigned to a lot at the time it is developed on and empty lots are not assigned an address. Our office is not open for hand delivery.

This address is the ONLY address that should be used for any type of service in the home for power, phone, internet, cable television, home alarm, etc

***THIS FORM MUST BE TURNED IN FIRST TO THE PLANNING & DEVELOPMENT DEPARTMENT
ATTENTION – ZONING DEPARTMENT FOR APPROVAL***

INFORMATION OUR OFFICE REQUIRES INDICATED BY: ★

★ONE (1) COPY OF ZONING APPROVED TO SCALE SITE PLAN FOR OUR FILES &/OR SURVEY

★Property Owner: _____ ★Contact Phone #: _____

★List Resident/Tenant/Occupant Name if different than property owner: CHECK HERE if not know at time of applying

★Contact Phone #: _____

★STRUCTURE TO BE LOCATED AT (All blanks required):

Road Name: _____ Plat/Survey#: _____

Vance County PIN# (Property Identification Number): _____ Lot# from Plat/Survey _____

★New Address Request For: (Check Any That Apply)

- | | | | | |
|------------------------------------|---------------------------------------|----------------------------------------------------------|----------------------------------------|----------------------------------|
| <input type="checkbox"/> Residence | <input type="checkbox"/> Other (List) | <input type="checkbox"/> On the road | <input type="checkbox"/> Single Family | <input type="checkbox"/> Modular |
| <input type="checkbox"/> Business | | <input type="checkbox"/> Visible from road | <input type="checkbox"/> Apt/Condo | <input type="checkbox"/> SWMH |
| <input type="checkbox"/> Church | | <input type="checkbox"/> Not visible from road | <input type="checkbox"/> Duplex | <input type="checkbox"/> DWMH |
| <input type="checkbox"/> School | | <input type="checkbox"/> Shared Driveway (list with who) | <input type="checkbox"/> Log | <input type="checkbox"/> TWMH |

If description changes at any time, please notify our office immediately. Help us help you in your time of emergency by having correct information on file.

Special Instructions to locate structure: _____

WHO IS YOUR LOT LOCATED NEAR?

★Addresses of Nearest Neighbors -- Indicate *below OR on an aerial map:*

House# _____ Road Name _____ Is Before Is After Is Same Side of Road Is Across the Road

House# _____ Road Name _____ Is Before Is After Is Same Side of Road Is Across the Road

House# _____ Road Name _____ Is Before Is After Is Same Side of Road Is Across the Road

House# _____ Road Name _____ Is Before Is After Is Same Side of Road Is Across the Road

★Please check if any of the following conditions apply to anyone in your household: NONE APPLY

Bedridden Blind Life Support Wheel Chair TDD In Use

★INDUSTRY ONLY: If there are hazardous materials on the premises, have these been filed with the local Fire Department and/or Emergency Management? Yes No N/A (If not, please file with local Fire Department and/or Emergency Management)

The address shown below is your new E-911 address:

# _____	Prefix (N,S,E,W) _____	Street Name _____	Street Suffix _____	Location <input type="checkbox"/> N/A (Apt/Bldg/Suite/Unit) _____	Town if NOT Henderson _____
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NOTE: FAILURE TO INCLUDE THE PREFIX, SUFFIX or LOCATION MAY RESULT IN MAIL BEING DELAYED.

THIS ADDRESS WILL NOT BE VAILD IF THE SITE PLAN(S) PROVIDED TO OUR OFFICE FOR THE ADDRESS REQUEST CHANGES IN ANY WAY

****TO BETTER DIRECT EMERGENCY VEHICLES**
E-911 Recommends Marking the Address(es) at the top of the Drive-Way IF:
 It is Shared More than 120 Ft off the road**

ZONING APPROVAL: _____

DATE: _____