MADISON COUNTY 911 ADDRESSING



101 West Main – Suite B-13 Madisonville, TX 77864 (936)348-3810



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PHYSICAL ADDRESS REQUEST / VERIFICATION

APPLICANT'S NAME:			DATE:		
MAILING ADDRESS:			PHONE NUMBER:		
EMAIL ADDRESS F	OR NOTIFICATI	ON:			
Is this property subje	ct to Deed Restrict	ions/Covenants/HO	A/Other? □YES	□N0	
1. NATURE OF REQ	QUEST(s)	Please allow 7 – 1	0 working days for add	lress assignment.	
☐ New location for residential or commercial property. Appraisal District (CAD) ID:					
☐ New driveway on existing property.			Driveway Latitude:		
☐ Existing structure or land previously unaddressed. Drive			Driveway Longitud	de:	
□ <u>REQUIRED:</u> A d	rawing of the site inc	dicating current and f	uture structures and dr	iveways is attached.	
2. PROPERTY INFO	RMATION				
Physical Location:					
Lot/Tract:	Acres:	Subdivision:			
Current Owner: If less than one year, add date of purchase:					
Neighbor's Address and	Direction if known:_				
☐ Check if any portion	n of the current parc	cel was or will be pla	ced for sale or transferr	red to another owner?	
☐ Check if only a por	tion of the property	will be used for finar	ncing.		
3. DESCRIPTION OF	STRUCTURE -	Check and/or circle all	that apply:		
☐ Mobile / Manufactu	red Home □Fra	ame / Brick / Brick V	eneer Home □Barr	ndominium 🖵 Barn	
☐ Commercial ☐ Other Expected Date of Construction:					
	ASK US HOW TO	DISPLAY YOUR ADI	DRESS PROPERLY!!		
	OFFICE U	ISE ONLY BELOW	THIS LINE		
Processed By	Date Notified Applicant			Date Entered Into Computer	
PART / ALL PARCEL LOCA	TED WITHIN FLOODPLAI	N: SOURCE: P	aper Maps / Estimated BFE A	PPLICATION:	
PHYSICAL ADDRESS:_			710 0005		
CITY:			ZIP CODE:		