

# Cabell County 911 Addressing Application

Please complete form and return to:

ADDRESSING COORDINATOR  
129 GALLAHER ST.  
HUNTINGTON, WV 25705  
P: 304-526-8578 F: 304-522-2422

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Company Name (If Applicable): \_\_\_\_\_

Current Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Road Name Structure is On: \_\_\_\_\_ Nearest Intersection: \_\_\_\_\_

Approximate Distance to Driveway from Intersection: \_\_\_\_\_ Tax Parcel #: \_\_\_\_\_

Subdivision Name-Lot Number: \_\_\_\_\_ County Permit #: \_\_\_\_\_

City/Town/Community Name: \_\_\_\_\_ CHD Permit #: \_\_\_\_\_

Existing Structure (Not yet Addressed)  Planned/Under Const. Type (Circle): Single-Wide Double-Wide House Apt. Complex

Color: \_\_\_\_\_ Stories (Circle): 1 2 3+ Business Strip Mall Uninhabitable Structure

If Multi Tennant Structure, How Many Apts, Suites, etc.: \_\_\_\_\_ Number of Structures: \_\_\_\_\_

Further Description: \_\_\_\_\_

Existing Addresses (No RR #'s or PO Box's)----> Left of Structure: \_\_\_\_\_ Across Street: \_\_\_\_\_ Right of Structure: \_\_\_\_\_

Additional Information/Directions: \_\_\_\_\_

- PLEASE DRAW OR ATTACH MAP TO LOCATION ON REAR OF FORM. BE AS DESCRIPTIVE AS POSSIBLE.
- NO ADDRESS CAN BE GIVEN WITHOUT A CABELL COUNTY BUILDING/FLOOPLAIN PERMIT ISSUED FROM THE COUNTY PLANNING DEPARTMENT AT THE COURTHOUSE.
- IF YOU ARE A DEVELOPER APPLYING FOR A SUBDIVISON OR TRAILER PARK, PLEASE INCLUDE A LOT MAP OR EQUIVALENT. APARTMENT COMPLEXES AND MULTI-TENNANT STRUCTURES NEED TO SUPPLY A FLOOR PLAN. FURTHER CONSULTATION WILL BE REQUIRED FOR THE AFOREMENTIONED. PLEASE CALL THE ABOVE NUMBER.
- WHEN APPLYING FOR A RESIDENTIAL ADDRESS, PLEASE DO NOT SEND BACK UNTIL YOUR DRIVEWAY IS CLEARLY MARKED OR FLAGGED IF UNDER CONSTRUCTION.
- REQUEST YOUR ADDRESS PRIOR TO ESTABLISHING UTILITIES. ALL UTILITY COMPANYS REQUIRE A PHYSICAL ADDRESS. UNDERSTAND THE PREVIOUS NOTE MUST BE COMPLETED FIRST. PLEASE DO NOT ASK US TO EXPEDITE YOUR REQUEST. ADDRESSING TAKES PLACE ON FRIDAYS ONLY.
- PLEASE ALLOW 5 BUSINESS DAYS FOR ADDRESS ASSIGNMENT. WE WILL MAIL YOUR NEW ADDRESS TO YOU OR YOU MAY CALL THE NUMBER LISTED ABOVE.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

911 USE ONLY

Approved Address: \_\_\_\_\_ City: \_\_\_\_\_

Send To:  Assessor  DOH Fire Dept: \_\_\_\_\_ Approved By: \_\_\_\_\_

Post office  EMS Police Dept: \_\_\_\_\_ Date: \_\_\_\_\_

Lat: \_\_\_\_\_ Lon: \_\_\_\_\_