

Cabell County 911 Addressing Application

Please complete form and return to:

ADDRESSING COORDINATOR
129 GALLAHER ST.
HUNTINGTON, WV 25705
P: 304-526-8555 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: _____

1. PLEASE DRAW OR ATTACH MAP TO LOCATION ON REAR OF FORM. BE AS DESCRIPTIVE AS POSSIBLE.
2. NO ADDRESS CAN BE GIVEN WITHOUT A CABELL COUNTY BUILDING/FLOOPLAIN PERMIT ISSUED FROM THE COUNTY PLANNING DEPARTMENT AT THE COURTHOUSE.
3. 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.
4. WHEN APPLYING FOR A RESIDENTIAL ADDRESS, PLEASE DO NOT SEND BACK UNTIL YOUR DRIVEWAY IS CLEARLY MARKED OR FLAGGED IF UNDER CONSTRUCTION.
5. 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.
6. 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: _____