



SITE ADDRESS APPLICATION

City of Independence
555 S. Main St./ P.O. Box 7
Independence, OR 97351
Phone 503-838-1212 / Fax 503-606-3282

(An address to an accessory building or vacant lot will not be allowed, unless special conditions warrant the issuing of an address.)

REQUESTOR

Name: _____
Address: _____
Phone: _____
Signature/Date: _____

OWNER IF DIFFERENT THAN THE REQUESTOR

Name: _____
Address: _____
Phone: _____
Signature/Date: _____

PROPERTY DESCRIPTION

Tax Lot(s): _____
If a structure is currently on the parcel, the street on which the main entrance faces: _____

REASON FOR ADDRESS

Explain in detail the intended use, development or re-development of the property, and the reason the address is needed: _____

REQUESTOR SIGNATURE

I certify that the information submitted is true

Authorized Signature: _____ Date: _____

Print Name: _____

PROPOSED SITE ADDRESS

APPROVALS

___ Approved	___ Approved	___ Approved	___ Approved
___ Denied	___ Denied	___ Denied	___ Denied
_____	_____	_____	_____
Building	Planning	Police Dept.	Public Works

OFFICE SIGNATURE

Authorized Signature: _____ Date: _____