

*A copy of current survey, tax map, or tape location map must accompany this application. If a division of this property has taken place, it must first be approved as a minor or major subdivision.

*Please sketch existing or new driveway on map attached and provide address of adjacent properties.

*You must apply for a driveway approval, if one does not already exist.

ADDRESS APPLICATION

Town of Galen Code Enforcement Office
6 South Park Street – Clyde, NY 14433
Phone: (315) 923-7259 Fax: (315) 923-3421

Tax Map #: _____ - _____ - _____

This request is for: New Address Address Change

Please provide original address if change is being requested: _____

If this is a request an address change, please explain why you want the change: _____

Is there currently a building on this property? Yes No If yes, how many? _____

What is the use of the building for which you are requesting this address? (i.e. Home, Barn, Commercial)

Is this a corner lot? Yes No List all roads abutting your property: _____

Is the access to your property directly off of a named road? Yes No

Is the access to your property through an easement? Yes No

Notes or special comments: _____

Property Owner Name: _____

Mailing Address: _____

Applicant Name (print): _____ Title: _____

X _____
APPLICANT SIGNATURE DATE PHONE #

OFFICE USE ONLY

Approved By: _____ Date: _____

Assigned Address: _____

C: US Post Office
Wayne County 911
Assessor