

## **Public Works Department**

Office: (541) 766-6821 Fax: (541) 766-6891

360 SW Avery Avenue. Corvallis, OR 97333 co.benton.or.us

## CONFIRMATION OF EXISTING ADDRESS <u>OR</u> REQUEST FOR NEW ADDRESS FOR DWELLING(S) & BUSINESSES

DATE SUBMITTED:		_		
		RANGE	SECTION _	TAX LOT #
OWNER'S NAME(S):				
MAILING ADDRESS:				OFFICIAL USE ONLY
CITY:				
TELEPHONE NO:				PERMIT NO.:
EMAIL ADDRESS:				
RESIDENCE (Check one): I	☐ Site-Built House ☐ Mar	 านfactured Hous	Se $\square$ Apartment	☐ Mobile Home Park ☐ Multi-Unit
BUSINESS (If applicable	<u></u>			
What is the business? □ Wholesale or □ Retail?				
Why does the business	need an address?			
M/hat typa structura is	the address requested fo		groonhou	
What type structure is the address requested for (for example: barn, greenhouse, shop building, converted dwelling, modular, manufactured, RV, etc.)?				
Modular, Manufacturet	ı, kv, etc.)r			
What other addresses are currently on the property?				
OTHER STRUCTURE TYPE:				
USE SAMPLE ADDRESS	PLOT PLAN AS AN EXAM	/IPLE (for an ad	dress you know	)
Location of structure on the property.			<ul> <li>Driveway</li> </ul>	
Location of other structures on the property, and				ting roads and new roads.
Associated address, if applicable.			• Type of each	structure.
If you need more room to	o add information use extra	sheets to answ	er the questions. F	Please note the questions you are answering.
OWNER SIGNATURE: _		DATE:		
OFFICIAL USE ONLY				
Planning:	☐ Approved	☐ Denied		
Co. Surveyor:	☐ Approved	□ Denied		
Address Assigned:	(See page 2)	•		