REQUEST FOR NEW ADDRESS City of Pell City

Planning and Zoning Department 1905 First Avenue North (205) 338-2244 Ext. 5112

Email: inspections@cityofpellcity.net



Complete all information above the dotted line and return this form to the Planning and Zoning/GIS Department by mail, fax or email. Please allow 7 – 10 business days to process. Click link to email form: inspections@cityofpellcity.net

EMERGENCY AGENCY: 47	9		
Date:	Requestor's Phone	Requestor's Phone Number:	
Requestor's Name:	Mailing Address:_	Mailing Address:	
Email Address:			
Property Owner:	Previous Proper	Previous Property Owner:	
Road where property is located	:		
Parcel Number:	PPIN Number:	PPIN Number:	
Material type: Brick Sid	re or New Structure: Structure type ling	N.	
*******	*********FOR OFFICE USE ONLY*****	**********	
Reason for Address: \square New C	onstruction \square Vacant Lot \square Verify Curren	nt Address Other	
Address Assigned:			
Notify Person requesting addre	ss: Phone In Person Mail	Other	
Assigned By:	Date Assigned:		
New Address Distribution List:	Pell City Fire Department Alabama Pell City Police Department County Bo		