

Town of Norridgewock
Physical Address Assignment Request Form

Name of Owner: _____

Mailing Address: _____

Phone Number: _____

Tax Map#: _____ Lot#: _____

Type of Structure to be Numbered:

Dwelling: _____ Mobile Home: _____ Modular Home: _____

Commercial Building: _____ Other: _____

Plumbing Permit Date: _____

Building Permit Date: _____

Name and/or address of nearest abutter: _____

(For Office use Only)

Number of feet from nearest structure before _____ or after _____
structure to be numbered.

Physical Address Assigned: _____

Date Owner Notified: _____

Date Post Office Notified: _____