

ADDRESS REQUEST FORM



Gateway to Brunswick County

Town of Leland, NC
Developmental Services Dept.

102 Town Hall Dr., Leland, NC 28451
Telephone: (910) 371-3390 FAX: (910) 371-2546

Type of request (check all that apply):

- NEW CONSTRUCTION SUITE ASSIGNMENT SINGLE FAMILY MULTIFAMILY DUPLEX
 COMMERCIAL INDUSTRIAL EXISTING VERIFICATION CHANGE OF ADDRESS OTHER

Explain the reason for your request (I.E. NO ADDRESS PREVIOUSLY ASSIGNED, ADDRESS ASSIGNED IS WRONG, DUPLICATE ADDRESS, ETC.)

Property Information:

Parcel # _____ Property Owner: _____ Lot # (If applicable) _____

Subdivision Name/Development Name: _____

Adjoining or nearby addresses: _____

*** A BUILDING LOCATION PLAN SHOWING THE ENTRANCE TO THE LOT/AND OR STRUCTURE TO BE ADDRESSED AND/OR SITE PLAN MUST BE SUBMITTED**

Requestor Contact Information:

Name: _____ Phone: _____

Email: _____ Mailing Address: _____

Signature of requestor: _____

Printed Name: _____

Submission:

Address requests must be submitted to the Planning Tech only. They may be submitted in person, fax or email. Phone requests will not be accepted.

Addresses will be issued within 5-7 business days. The requestor will be notified if there is an issue and more time is needed.

Official Use Only

Date Received: _____ Date Address assigned: _____

Address notification sent to: Applicant GIS Post Office Inspections