



Stamp Date Received:

Map _____ Lot _____

Bldg. Permit # _____

TOWN OF MOULTONBOROUGH, NH APPLICATION FOR NEW STREET ADDRESS

Application must be in ink and legible

Street Name: _____ Existing Street Address: _____
If Applicable

Property Owner: _____

Mailing Address: _____

Telephone #: _____ Email: _____

Builder/Agent (if different) _____ Tel. #: _____

Mailing Address: _____ Email: _____

ADDRESS INFORMATION (check all that apply): New Address _____ Existing Address _____

Type of Structure: Single-Family Two-Family Multi-Family Commercial

Closest Street Name: _____

DESCRIPTION OF ADDRESS CHANGE NEEDED: _____

Driveway location must be staked out for street address assignment. If driveway is relocated after assignment of street address number, a new application must be made.

Agent Authorization: The individual listed as agent has my permission to act on my behalf for purposes of this application.

➤ **Property Owner Signature:** _____ **Date:** _____
Print Name: _____

****Office Use Only****

To be completed by Code & Compliance Officer

Driveway Permit Date: _____
Planning Board Approval: _____

E911 Street # Assigned: _____
ZBA Approval: _____

Code & Compliance Officer's Signature: _____