

Rural Address Application

PARCEL #:	
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OWNER'S NAME:

MAILING ADDRESS:	PHONE NUMBER :
	EMAIL ADDRESS:

TYPE OF BUILDING OR STRUCTURE TO BE ADDRESSED:

Frame Dwelling Commercial Agriculture
Manufactured Industrial Tower
Other _____

In order to properly process your request, we may have to conduct a site visit to verify the true distance of the road, a road name, adjacent lot/house numbers, and any other relevant data. Measurements may be taken to determine the number that you will be assigned.

SITE INFORMATION:

Which side of the road is your driveway on: North South East West

Does your driveway originate off a county road? Yes No

Does your driveway originate off a State Highway? Yes No

If yes, do you have a State Highway Access Permit? Yes No

If you do not have an access permit and need one please contact Idaho Transportation Department at (208)334-8335 and request ITD Form 2109 "Right-of-Way Encroachment"

Official Use Only:

House # _____ Road Name _____

Latitude _____ Longitude _____

Signature _____ Date _____