



Construction Services Division

1400 N. Boulevard
Tampa, FL 33607
Phone: (813) 274-3100
Fax: (813) 259-1712
www.tampagov.net/permits

**Application for Address
Assignment**

Section 1

Applicant Information

Name _____ Daytime Phone No. _____
Address _____

Section 2

Property Information

Owner and / or Tenant _____
Legal description of Property _____
(if Metes and Bounds, attach to application) _____
Folio Number (if known) _____

Section 3

Project Information

Description of Proposed Construction (check one):
 Single Family Residence Duplex Quadraplex Apartment Condominium
 Townhouse Office Storage Retail Warehouse
 Other: _____
Number of Floors _____ Number of Structures _____ Number of Units _____
Type of Construction _____
Have there ever been or are there presently structures on the site? Yes No
If yes, what are / were the address(es)?

Section 4

Property Sketch

Please attach a site plan to this request. Address assignment will be made and applicant will be called to pick up address assignment slip (if not issued at this time). If site plan is attached, please use the space below to sketch property lines, abutting street(s) and approximate location of building with the front entrance clearly identified.

FOR OFFICE ONLY

Assigned Address _____
Situs Number _____ By _____