** TOWN OF WARREN**

 **BOARD OF ASSESSORS**

 P.O. BOX 604, WARREN, MA 01083, (O) 413-436-5701 X 108 (FX) 413-436-9754

**REQUEST FOR A HOUSE NUMBER**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**I am requesting a house number for the following parcel**:

**Is this Chapter Land?** **\_\_\_\_\_\_\_\_\_\_**

**Map \_\_\_\_\_\_\_\_\_\_ Lot \_\_\_\_\_\_\_\_ Street Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Owner Name (s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Contact Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Person requesting**

**(if different from owner) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Contact Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Mailing Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please indicate what type of structure to be built:**

**\_\_\_Single Family \_\_\_\_Two/Three Family \_\_\_\_Apartment (4-8 units)**

**\_\_\_Covert Garage to Living Space**

**\_\_\_Commercial/Municipal \_\_\_\_Condominium \_\_\_\_Mobile Home**

**Please provide one of the following items with request:**

**\_\_\_\_\_Plans \_\_\_\_\_Well Certification**

**\_\_\_\_\_Septic Plan**