



OKANOGAN COUNTY PLANNING & DEVELOPMENT DEPARTMENT

123 5th Ave. N. Suite 130, Okanogan, WA 98840

(509)422-7160 FAX (509)422-7349

<http://www.okanogancounty.org/planning>

ADDRESS REQUEST APPLICATION

Applicant

Name _____
Mailing Address _____
City _____
State/Zip _____
Home Phone (____) _____
Work Phone (____) _____
Mobile Phone (____) _____
E-mail Address _____

Property Owner (If different from Applicant)

Name _____
Mailing Address _____
City _____
State/Zip _____
Home Phone (____) _____
Work Phone (____) _____
Mobile Phone (____) _____
E-mail Address _____

Is this a/an: New Address Change of Address Additional Address

Is this address for a/an: Single Family Residence Commercial Property
 Accessory Dwelling Unit Multi-Family
 Other: _____

Parcel #(s): _____

Name of Subdivision (if applicable): _____

Access Road Name(s): _____

Nearest Cross Road Name: _____

Neighbor's Address Before Property _____

Neighbor's Address After Property _____

Distance From Cross Road to Driveway: _____ feet / miles

Approximate Length of Driveway: _____ feet / miles

Signature: _____ **Date:** _____

When returning this application:

a \$45.00 fee must be paid AND a legible site map must be included.

COUNTY USE ONLY

Received By: _____ Date: _____

New _____

Address: _____

Fee: Paid
SA#
Rec#

Draw legibly and at a fairly large scale to show the following:

- 1) North Arrow
- 2) Access road (The road the driveway is located on)
- 3) Approximate length and orientation of driveway
- 4) Show distance of driveway location from nearest property corner.
- 5) Name of the nearest cross street and distance to proposed driveway **OR**:
Name or address of nearest neighbor and distance from their driveway to yours.

PLEASE show driveways of neighbors across the street, if there are any, **AND** be sure to clearly show what side of the access road your driveway is located.

