

PARISH OF ASCENSION
OFFICE OF PLANNING AND DEVELOPMENT



Kenny Matassa
Parish President

ADDRESS APPLICATION FORM

NOTE: Please allow two business days for address application processing.

Name of Applicant/Business: _____

Who Will Reside at New Address: _____

Contact Address: _____

Contact Phone Number: _____

Contact Email Address: _____

Lot or Tract Name / Number for Requested Address: _____

Property Location (attach copy of survey, final plat, etc.): _____

Name of Road: _____

Directions to Property: _____

Adjacent Addresses (addresses of neighbors): _____

Does the Property Have Existing Structures On-Site? (y/n) _____

Description of Existing Structures (if applicable): _____

Applicant Signature: _____ Date: _____

INFORMATION PROVIDED BY PLANNING AND ZONING

Assigned Address: _____

Address Assigned By: _____ Date: _____