



# City of Pittsburgh Addressing Application-Worksheet

DATE RECEIVED:  
\_\_\_\_\_

Page \_\_\_\_ of \_\_\_\_

CURRENT LOCATION/ADDRESS \_\_\_\_\_ DATE \_\_\_\_\_

LOT/BLOCK# \_\_\_\_\_ Property Zip Code \_\_\_\_\_

Project Name \_\_\_\_\_

Requestor Name \_\_\_\_\_ Company Name \_\_\_\_\_

Phone # \_\_\_\_\_ Ext \_\_\_\_\_ Cell Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

Email Address \_\_\_\_\_

Mailing Address \_\_\_\_\_ Suite /Apt/Floor # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

PLOT PLAN MAP ATTACHED

CONTINUATION PAGE

Items	
<input type="checkbox"/> NEW STREET NAME AND ADDRESS RANGE	<input type="checkbox"/> NEW ADDRESS ON EXISTING STREET
<input type="checkbox"/> ADDRESS DISCREPENCIES	<input type="checkbox"/> CHANGE OF STREET NAME OR ADDRESS
<input type="checkbox"/> OTHER _____	

**Street Name Proposal (Where applicable)**

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Official Use Only

**Proposal:**

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**REPLY:**     APPROVE     APPROVE WITH CORRECTION     DISAPPROVE    Date \_\_\_\_\_

