



COLUMBIA COUNTY

911 ADDRESSING / GIS DEPARTMENT

P. O. Box 1787, Lake City, FL 32056-1787
263 NW Lake City Ave., Lake City, FL 32055
Telephone: (386) 758-1125 * Fax: (386) 758-1365 * Email: gis@columbiacountyfla.com



Application for 9-1-1 Address Assignment Form

**NOTE: ADDRESS ASSIGNMENT MAY REQUIRE UP TO 10 WORKING DAYS.
IF THE ADDRESSING DEPARTMENT NEEDS TO CONDUCT ON SITE GPS LOCATION
IDENTIFICATION OR OTHER ACTIONS, ADDITIONAL TIME MAY BE REQUIRED.**

Date of Request: 1/19/2021
REQUESTER Last Name: Cobb
First Name: Larry
Contact Telephone Number: _____

(Cell Phone Number if Provided): (207) 460-9522

Requested for Self: ☒ or Requested for Company: ☐
(check one)

If Address is Requested by a Company, Provide Name of Requesting Company:

was told form was necessary to upload
But this is an accessory structure, not a dwelling
Parcel Identification Number: 24-55-16-03707-034

If in Subdivision, Provide Name Of Subdivision:

Phase or Unit Number (if any): _____ Block Number (if any): _____

Lot Number: _____

Attach Site Plan or you may use page 2 of Application Form for Site Plan:

Requirements for Site Plan Are Listed on page 2 of Application Form:

**(NOTE: Site Plan Does NOT have to be a survey or to scale; FURTHER a
Environmental Health Dept. Site Plan showing only a 210 by 210 cutout of a
property will NOT suffice for Addressing Application Requirements.)**

Addressing / GIS Department Use Only:

Date Received: _____

Received by: Walk in: _____ Fax: _____ Email: _____ Other: _____