

# JEFFERSON COUNTY PLANNING DEPARTMENT

445 W. PALMER MILL ROAD - MONTICELLO, FLORIDA 32344  
Phone (850) 342-0223 - Fax: (850) 342-0225



## 911 ADDRESS

<STAFF USE ONLY>

911 Address # assigned:			
Date Requested:	Date Addressed:	Faxed to JCISO:	Plaque Delivered:
Date: _____	Date: _____	Date: _____	Date: _____

A new 911 address will be assigned when requested; however, all 911 addresses are based upon the measured location of the center of the driveway access point to the property. Driveway connections to any public or private road that provide access to a residence shall be required to obtain a Jefferson County 911 address.

**NOTE:** When an existing driveway becomes the access point for a third residence, the 911 address for new residences will be based on driveway locations on the new private road. The proposed road name shall be approved by the Planning Official in accordance with **Section 10-135** of the **Jefferson County Code**. Please refer to **Jefferson County Code Sec. 10-138. - Posting of numbers** for information regarding the type, care, and placement of 911 address signage.

The 911 Address Fee for a new number is **30.00**. Date Paid: \_\_\_\_\_ Staff initial: \_\_\_\_\_

Make checks payable to: **Jefferson County Board of County Commissioners**

### REQUIRED INFORMATION:

Owner Name: \_\_\_\_\_

Current Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

### PROPOSED ADDRESS SITE:

Parcel Tax ID #: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name of Public or Private Road for new address: \_\_\_\_\_

## E - 911 INFORMATION

If renting, name/phone #of landlord: \_\_\_\_\_

### FULL NAME OF PERSON(S) LIVING AT ASSIGNED ADDRESS:

\_\_\_\_\_  
\_\_\_\_\_

### TELEPHONE NUMBER (S) AT THIS ADDRESS:

PHONE NUMBER	NAME ASSIGNED TO PHONE:
_____	_____
_____	_____
_____	_____

Please list a contact person, other than those living at this address, in case of emergency (relative, friend) or if a business and an after-hour telephone number \_\_\_\_\_

**ELECTRIC CO.:** \_\_\_\_\_ **GAS/ PROPANE COMPANY:** \_\_\_\_\_

Do you have an automatic or locked gate? YES \_\_\_\_\_ NO \_\_\_\_\_

What is the entry code? \_\_\_\_\_ If locked, how can emergency personal gain entry? \_\_\_\_\_

Is your home equipped with an alarm or life line? YES \_\_\_\_\_ NO \_\_\_\_\_

Name and phone number of service provider: \_\_\_\_\_

Contact person and phone number(s): \_\_\_\_\_

Fill out completely, accurately and return or fax to Jefferson County Planning Department.

**DO NOT MAIL IN.**

The information entered by you herein is for emergency services. It will not be given or sold to anyone. Upon payment and return of this sheet a 911 plaque with numbers will be issued.

