

Seneca Nation of Indians HOUSING NUMBER REQUEST FORM

GENERAL INFORMATION (REQUIRED)

Date: _____

- * Name _____
- * Residence Allegany Cattaraugus Oil Spring
- * Mailing Address _____

- * Phone Number(s) Home: _____ Cell: _____

HOUSING INFORMATION (REQUIRED)

- * Location of Home _____

- * Nearest Neighbor _____

- * Name of Landowner _____ Cell: _____
- * Existing Structure Yes No
- * Property Corners Staked Out? Yes No
- * Home Location Staked Out? Yes No (If No, this must be done before an address point can be recorded)
- * Driveway Location Staked Out? Yes No (If No, this must be done before an address point can be recorded)
- * Year Built _____
- * Classification Residential Business _____
- * Development Private Build Mortgage Program Housing (SNHA)

Disclaimer:

House number assignments do not in any way establish property ownership. Addresses are only assigned to residential or business structures that have current documented property access via road frontage or right of way agreements. Landowner provided will be confirmed by the Clerk's Office or Maps & Boundaries. Numbers are assigned based on driveway location and home placement. Structure must be built within 6 months or the assigned temporary address will be removed from the database and become invalid. Please inform the GIS Office when the structure is built; location will be field verified and address established as permanent. Until the structure is confirmed built, the address is considered temporary and E911 is not yet updated.

Please sign and date here indicating you read the above statement.

Name: _____ Date: _____

CONTINUED ON THE BACK

ADDITIONAL INFORMATION – Fill out now if known or after the structure is built

Insurance **Yes** **No**

Type of Structure **Mobile** **Non-Mobile**

Number of Stories _____

Number of Exits _____

Foundation Type **Slab** **Crawl Space** **Basement**
 Piers **None** **Other** _____

Exterior Siding **Aluminum** **Vinyl** **Wood** **Stucco**
 Brick **Other** _____

Roofing Material **Shingles** **Metal** **Other** _____

Heating Source **Natural Gas** **Oil** **Liquid Propane**
 Indoor Wood **Outdoor Wood** **Electric**
 Geo Thermal **Other** _____

Heating Source Storage Tank **Indoor** **Outdoor Above Ground**
 None **Outdoor Below Ground**

Children Present **Yes** **No**

Elderly Present **Yes** **No**

Disabled Person Present **Yes** **No**

FOR OFFICE USE ONLY				
Where Received:	<input type="checkbox"/> William Seneca Bldg	<input type="checkbox"/> SAAB		
New Address	_____			
	House No.	Street	City	State Zip code
Date Entered into Computer:	_____	Date reported as structure built:	_____	
Notification by Telephone	_____	Notification by Mail	_____	