



**CITY OF ALVIN**

1100 West Highway 6 • Alvin, Texas 77511 • (281) 388-4271 • FAX (281) 331-7516

**Engineering Department**

## APPLICATION FOR ADDRESS

\_\_\_\_\_, 20\_\_\_\_

OWNER/CONTRACTOR: \_\_\_\_\_

PHONE #: \_\_\_\_\_

LEGAL DESCRIPTION:

LOT \_\_\_\_\_ BLOCK \_\_\_\_\_ ADDITION \_\_\_\_\_

*Master Plan # (if applicable):*

Is address assignment being requested for proposed or future improvement or development? Yes / No

If yes, what type? \_\_\_\_\_

Is address assignment for an existing structure? \_\_\_\_\_

**APPLICANT'S SIGNATURE** \_\_\_\_\_

\*\*\*\*\*  
**FOR OFFICE USE ONLY**  
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FLOOD ZONE \_\_\_\_\_

ADDRESS ASSIGNED \_\_\_\_\_

GRADING PLAN APPROVED \_\_\_\_\_

GRADING PLAN APPROVED BY: \_\_\_\_\_