



# CITY OF PATASKALA PLANNING & ZONING DEPARTMENT

621 West Broad Street, Suite 2A  
Pataskala, Ohio 43062

## ADDRESS ASSIGNMENT/REASSIGNMENT REQUEST FORM

Property Information		Staff Use
Address (if existing):		Request Number:
Parcel Number:		Filing Date:
Zoning:	Acres:	

Property Owner Information		
Name:		
Current Address:		
City:	State:	Zip:
Phone:	Email:	

Reason for Request (Only if Changing an Existing Address)

Signatures	
I certify the facts, statements and information provided on and attached to this application are true and correct to the best of my knowledge and understand the requirements for an accessory building. Also, I authorize City of Pataskala staff to inspect the property as necessary as it pertains to this application.	
Property Owner (Required):	Date:

Staff Use Only		
Number:	Street Name:	Direction:
Subdivision:	Lot Number:	
City:	ZIP:	
City Planner:	Date:	

Notes
<input type="checkbox"/> Illustrative Map Attached

Cc: Pataskala Police Department, Pataskala Post Office, Licking County 911 Center, Licking County Auditor, Licking County Engineer, West Licking Joint Fire District, Local Waste Services, Finance Department, File