

# Town of Starkey

40 Seneca Street  
Dundee, New York 14837  
Email: StarkeyCEO@gmail.com  
Office: 607-243-7996  
Fax: 607-243-7764

Application No.: _____
Date Filed: _____
Fee Paid: _____ N/A _____
Received By: _____
Decision _____ Date _____

## 911 Fire Number/House Address Application

Instructions: Please complete Items 1 – 7.

Return the original completed application and a drawing to the Code Official.

### 1. Applicant Contact Information

Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Telephone: Day \_\_\_\_\_ Night \_\_\_\_\_ Cell \_\_\_\_\_  
E-Mail Address \_\_\_\_\_

### 2. Tax Map Number \_\_\_\_\_

### 3. Property Location

Street Name \_\_\_\_\_

### 4. Total length of road frontage? \_\_\_\_\_ feet

### 5. Do you have a driveway permit? Yes No

### 6. What is the distance from your driveway location to the adjoining property owner's road frontage? \_\_\_\_\_ feet

### 7. What distance will your mailbox be from the adjoining property owner's road frontage? \_\_\_\_\_ feet

Please include a drawing on the back of this applications showing the information listed above.

### Affirmation by Applicant/Property Owner

I declare that I am the lawful owner of this property and affirm under penalty of perjury that the contents of this application are true and correct to the best of my knowledge.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_