



Development Services / addressing@maranaAZ.gov

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ADDRESSING APPLICATION

PROPERTY INFORMATION

Street Name (Existing address if applicable):

Describe Property Location – **Attach Map** (Include nearby intersecting streets and property access):

Tax Code No.(s):

Township-Range-Section:

Subdivision Plat Name:

Sequence #

Lot/Building No.:

Block No.:

Property Type: Single Family Residence Apartment/Condominium Mobile Home Commercial

CONTACT INFORMATION

Owner:

Contact Name:

Address:

City:

State:

Zip:

Email:

Phone No.:

Owner Signature (Required for address change)

Date

Applicant:

Contact Name:

Address:

City:

State:

Zip:

Email:

Phone No.:

REASON FOR REQUEST

- Existing Out of Sequence New Construction (Attach Approved Site Plan or Plat)
 Right of Way Permit Split/Combination (Attach Recorded Deed & Town of Marana Approval)
 Other (Please Explain): _____

FOR OFFICIAL USE ONLY

Permit/Project No. _____ Date Received _____

New Address _____

City/Town: _____ Zip Code: _____ Issued Date/By: _____

Revision Date 1/26/2017