



City of Fernandina Beach

OFFICE OF THE FIRE MARSHAL

Address Assignment Application

Submittal Date: _____

Owner Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Email: _____

Name of street parcel is located on: _____

Numbers on neighboring houses: _____

Parcel ID Number: _____

Is this an address change? Yes No

Parcel is located on what side of the road? East West North South

FOR OFFICE USE ONLY

Assigned Address: _____

Application Processed By: _____

Completion Date: _____

Revised 09/16/14