



Application Number: _____
Related Records: _____

Olmsted County Planning Department
GIS/E911 Addressing Division
2122 Campus Dr SE, Suite 100
Rochester, MN 55904
P: 507-328-7100 F: 507-328-7958
planningweb@olmstedcounty.gov

E911 Address Request/Change Application

Mandatory Submittal Information

Please submit this form and all required documents to planningweb@olmstedcounty.gov or mail/drop off with payment to our office address at the top of this form. If submitting via email, a staff member will call the applicant for payment prior to processing the application. Required submittal materials:

- Site plan or certificate of survey identifying structure and driveway locations
- Final Plat or Metes & Bounds must be legally recorded before request for addresses are submitted to this office

• Parcel number may be obtained from the Olmsted County Property Records Department

The processing time for E911 applications is approximately 10 business days after receipt of this application. If the application is not completely filled out, processing time will be delayed.

Fee

New address quantity: _____ Change of address quantity: _____

Total Fees due (\$112 per new address, \$140 per change of address): _____

Type of Request

Residential Commercial Utility Other: _____

Address Information

Commercial Building Name (if any): _____

New Business Tenant Name: _____

Current Address on this Property: _____

Comments: _____

Parcel: _____ Township: _____ Section Number: _____

Plat Name: _____ Lot: _____ Block: _____

Applicant Information

Full Name: _____ Phone: _____

Address: _____ Email: _____

For Department Use Only

Total Fee Paid: _____

New E911 Address: _____

Date Address Issued: _____

Update A1 Date: _____

Notify Applicant Phone: _____ Date: _____

Update Accela Date: _____

Notify Other Phone: _____ Date: _____

Notification of Agencies Date: _____

Notify TCPA for Dover, Elmira, Quincy Date: _____

Site Plan Rec'd: Electronic Date: _____ Paper Date: _____

Certificate of Survey: Electronic Date: _____ Paper Date: _____