



Town of Stewiacke

295 George Street  
Stewiacke, NS  
B0N 2J0

**APPLICATION FOR ASSIGNMENT OF A  
CIVIC NUMBER**

Name of Applicant(s): \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone : \_\_\_\_\_ (H) \_\_\_\_\_ (W)

PID # \_\_\_\_\_ Assessment # \_\_\_\_\_

Location of property: *(attach sketch of property showing the building and driveway location)*

\_\_\_\_\_  
\_\_\_\_\_

I / we are the owner(s) of the lands upon which a building has been, or is being constructed and I / we hereby apply for a civic number for the said property.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Applicant(s) signature

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**FOR OFFICE USE ONLY**

Civic Number Assigned \_\_\_\_\_

Employee \_\_\_\_\_

Date Assigned \_\_\_\_\_

Verified with:  EMO  SNSMR  NSCAF