



APPLICATION #: ADDR-_____

ADDRESS ASSIGNMENT APPLICATION

FEE: \$223

COMMUNITY DEVELOPMENT DEPARTMENT

DATE:	
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APPLICANT INFORMATION

NAME:			
ADDRESS	TELEPHONE NO.		
CITY	STATE	ZIP CODE	E-MAIL
SIGNATURE:			

PROPERTY OWNER INFORMATION

PROPERTY OWNER:			
ADDRESS	TELEPHONE NO.		
CITY	STATE	ZIP CODE	E-MAIL
NAME:	SIGNATURE:		

PROJECT INFORMATION

PROJECT NAME	TAX ASSESSOR'S PARCEL #(S):		
SELECT APPLICABLE			
<input type="checkbox"/> PERMANENT <input type="checkbox"/> TEMPORARY <input type="checkbox"/> BUILDING <input type="checkbox"/> STRUCTURE <input type="checkbox"/> UTILITY METER <input type="checkbox"/> OTHER	ATTACH AN 8½" x 11" OR 11" x 17" EXHIBIT DEPICTING THE LOCATION OF THE BUILDING(S), STRUCTURE(S) AND/OR METERS TO BE ADDRESSED, THE ADJOINING STREET(S) AND THE PROPOSED ADDRESSES		

EXISTING ADDRESS: N/A

PROPOSED ADDRESS(ES)*						
TRACT #	LOT #	STREET #	STREET NAME	STREET SUFFIX	SUITE/UNIT #	APPROVED
						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>

***FOR ADDRESS ASSIGNMENT REQUESTS INVOLVING 8 OR MORE ADDRESSES, PLEASE COMPLETE APPLICANT, PROPERTY OWNER AND PROJECT INFORMATION FIELDS ABOVE, AND USE SUPPLEMENTAL FORM/TABLE/SPREADSHEET FOR PROPOSED ADDRESSES. SUBMIT TABLE/SPREADSHEET ON CD, FLASH DRIVE OR VIA E-MAIL TO PROJECT PLANNER**