



APPLICATION #: ADDR-_____

ADDRESS ASSIGNMENT APPLICATION

Single Address Fee: \$294

Multiple Address Deposit: \$3,000

COMMUNITY DEVELOPMENT DEPARTMENT**DATE:****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	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			
<input type="checkbox"/> BUILDING	<input type="checkbox"/> STRUCTURE				
<input type="checkbox"/> UTILITY METER	<input type="checkbox"/> OTHER				

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**