



APPLICATION #: ADDR-\_\_\_\_\_

# ADDRESS ASSIGNMENT APPLICATION

Single Address Fee: \$285

Multiple Address Deposit: \$3,000

## COMMUNITY DEVELOPMENT DEPARTMENT

DATE: \_\_\_\_\_

### APPLICANT INFORMATION

<b>NAME:</b> _____			
<b>ADDRESS</b>		<b>TELEPHONE NO.</b>	
_____		_____	
<b>CITY</b>	<b>STATE</b>	<b>ZIP CODE</b>	<b>E-MAIL</b>
_____	_____	_____	_____
<b>SIGNATURE:</b> _____			

### PROPERTY OWNER INFORMATION

<b>PROPERTY OWNER:</b> _____			
<b>ADDRESS</b>		<b>TELEPHONE NO.</b>	
_____		_____	
<b>CITY</b>	<b>STATE</b>	<b>ZIP CODE</b>	<b>E-MAIL</b>
_____	_____	_____	_____
<b>NAME:</b> _____	<b>SIGNATURE:</b> _____		

### PROJECT INFORMATION

<b>PROJECT NAME</b>		<b>TAX ASSESSOR'S PARCEL #(S):</b>	
_____		_____	
<b>SELECT APPLICABLE</b>			
<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 #	APPR-OVED
						<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**