



# City of Salinas

DEVELOPMENT ENGINEERING (PW) • 65 West Alisal Street • Salinas, California

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## ADDRESS ASSIGNMENT/CHANGE APPLICATION

### CITY USE ONLY

PERMIT NO.: \_\_\_\_\_ DATE RECEIVED: \_\_\_\_\_ DATE COMPLETED: \_\_\_\_\_

OWNER SIGNATURE       ADDRESSING EXHIBIT       ADDRESS PROCESSED       NOTIFICATION SENT

### APPLICANT/OWNER INFORMATION: Complete and check all fields

RELATIONSHIP TO THE PROPERTY:

OWNER       TENANT       AGENT: \_\_\_\_\_

APPLICANT NAME: \_\_\_\_\_ EMAIL: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

OWNER NAME(S): \_\_\_\_\_ EMAIL: \_\_\_\_\_  
[IF DIFFERENT FROM ABOVE]  SAME AS ABOVE

OWNER ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

### PROPERTY INFORMATION: Complete all fields

CURRENT ADDRESS: \_\_\_\_\_  
STREET NUMBER      STREET NAME      UNIT(S) #

ASSESSOR PARCEL NUMBER (APN): \_\_\_\_\_  
REQUIRED

OTHER ADDRESS(ES) ASSIGNED TO PROPERTY: \_\_\_\_\_

### PROPOSED CHANGE(S): Complete and check all applicable fields

REQUEST TYPE:

NEW ADDRESS       CHANGE OF ADDRESS       DELETING ADDRESS       APN UPDATE

BUILDING TYPE:

RESIDENTIAL       COMMERCIAL       MIXED USE      PERMIT No.: \_\_\_\_\_  N/A

ASSOCIATED BUILDING PERMIT

### NEW/CHANGE/DELETE ADDRESS(ES): Complete all fields

EXISTING ADDRESS:	APN:	NEW ADDRESS:

### APN UPDATE: Complete all fields

EXISTING APN:	ADDRESS:	NEW APN:

### ACKNOWLEDGEMENT & SIGNATURE

I understand that for address consistency and safety; there is no guarantee that I will receive the exact address requested. I understand that according to City of Salinas Municipal Code, Chapter 9, Article IV, that I, the owner, am responsible for the proper physical numbering of the building so that the address is visible from the street.

\_\_\_\_\_  
PROPERTY OWNER'S NAME

\_\_\_\_\_  
PROPERTY OWNER'S SIGNATURE

\_\_\_\_\_  
DATE