CHANGE OF ADDRESS APPLICATION

The following items must be submitted for consideration:

1. Application fee. ($100)

The following information must be provided for the application to be considered complete:

APPLICANT/OWNER'S INFORMATION:

Name: _____ E-Mail: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Legal Description of property _____

Phone Number: _____ Fax Number _____

REASON FOR REQUEST (provide requested street address details):

_____

_____

_____

Please note the following procedures:

1. The Building and Planning Departments will review the request to determine a logical street address and will advise the owner of the address change by letter.
2. The City will notify necessary utilities, United States Post Office, and emergency departments.

I, the undersigned, fully understand I am responsible for determining if there are any occupied utility easements and that this approval has no effect on vacating or relocating easements and utilities.

_____ _____

Owner Signature (or authorized agent) Date

========== *office use only* ==========

New Address: _____Previous Address: _____

Approved this ___ day of ____, 20__.

_____ Planning Director

_____ Chief Building Official