



Planning and Development
Building and Safety Division

Address Assignment Request

COMPLETE ALL INFORMATION BELOW & SUBMIT WITH "REQUIRED ITEMS" IN ORDER FOR US TO PROCESS YOUR REQUEST

Please PRINT

CURRENT Address: _____ **CURRENT Unit#(s)** _____
(As listed with City of Berkeley) Street Number Street Name

Assessor's Parcel Number: _____
(Required)

PROPOSED Address: _____ **PROPOSED Unit#(s)** _____
Street Number Street Name

Reason for Address Change Request: _____
(Required)

Do you wish to DELETE any addresses on your parcel? Yes No

If so, Address to Delete: _____ **Unit#(s)** _____
Street Number Street Name

Your relationship to the Property: (please check appropriate box)

Owner Tenant Architect Contractor Other _____

Your Full Name: _____ Phone: (_____) _____ Email: _____
(Required) First Last (Required) (Required)

Your Address: _____
(Required) Street Number Street Name City State Zip

Owner Name: _____ Phone: (_____) _____ Email: _____
(Required) First Last (Required) (Required)

Owner Address: _____
(Required) Street Number Street Name City State Zip

MUST BE SUBMITTED WITH ALL of the following "REQUIRED ITEMS" (incomplete submissions will be returned)

Please check boxes below to make sure you are submitting all "Required Items"

Payment of \$200.00* non-refundable*

Check One { Check Payable to **City of Berkeley** Check# _____
 Cash
 Visa (pay in person or by phone)
 MasterCard (pay in person or by phone)

If you are NOT the owner, a signed **LETTER FROM CURRENT OWNER** stating that you have the authority to submit this request.

A **VICINITY MAP**- SEE REVERSE FOR EXAMPLE-(showing current address, nearest cross streets, addresses of adjacent properties, minimum of two addresses for properties across the street).

For multi-unit buildings only, you **must provide FLOOR PLANS** showing each proposed unit on all floors

Confirm that all information provided is complete and accurate

Scan and Email all of the above in PDF format to: BuildingandSafety@CityofBerkeley.info

OR

Hand-deliver or mail (on 8 1/2 X 11 paper) to: **City of Berkeley, Building & Safety, 1947 Center Street, 3rd Floor, Berkeley, CA 94704**

I understand that the processing of this request will take 4-6 weeks, and for address consistency and safety; there is no guarantee that I will receive the exact address requested. I understand that according to Berkeley Municipal Code Section 16.28.050, the owner is responsible for the proper physical numbering of the building so that the address is visible from the street.

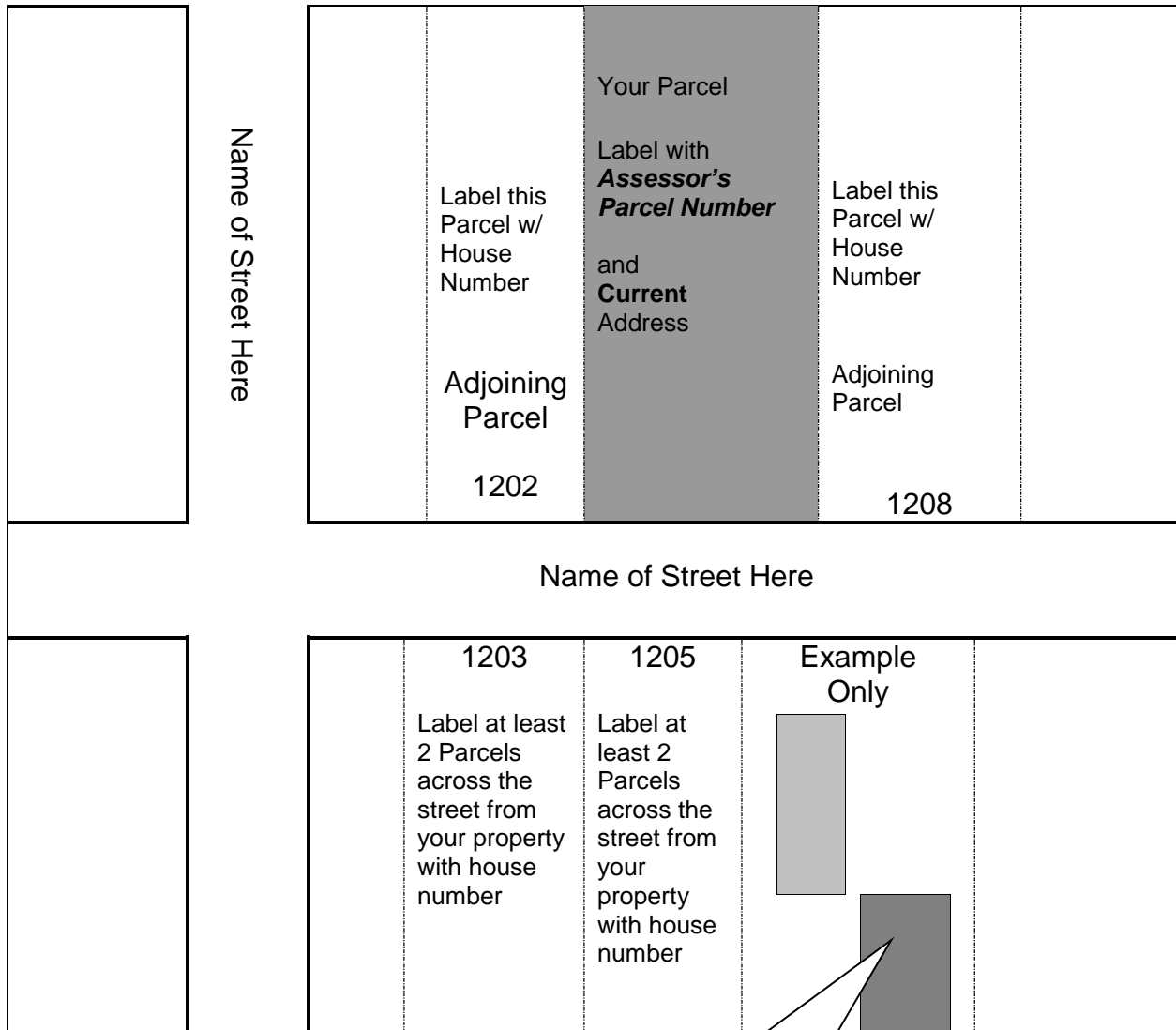
X _____ / _____ / _____
Signature Date

ADDRESS ASSIGNMENT REQUEST INSTRUCTIONS:

To make a request to add, delete or change an address, please complete all of the information on the reverse side, and submit with all "REQUIRED ITEMS" listed on reverse, along with a non-refundable payment of \$200.00. All Submissions must be on **8 1/2 X 11** paper (a scanned email submission is preferred, but hard copies will also be accepted via US Mail or hand delivery). Below is a sample of what should be included on your VICINITY MAP.

For questions regarding your Address Assignment request:
 Building and Safety at: 510-981-7440, (press zero) Tuesday-Thursday between 9:00AM and 4:00PM.

SAMPLE "VICINITY MAP"



If you have more than one building on the property, provide the current address of each building. (Residential garages do not need separate addresses.)