

Request For Address Assignment

Please provide the following information:

- For New Land Development - A tax lot map clearly indicating the lot(s).
- For Existing Structures - A diagram showing suite layout of building.
- Reason for Request to change Address of suffix number.

APN/"Parcel Number": _____

Current address: _____

Type of Address Request:

- Additional Address *Change Address New Address Utility Address

Property Owner

Name: _____

Company: _____

Signature: _____

Address: _____

Phone: _____

E-mail: _____

Requestor

Name: _____

Signature: _____

Phone: _____

Fax: _____

E-mail: _____

Disclaimer: By signing above, Requestor acknowledges that Property Owner has consented to address change for permit(s) needed at property. Under no circumstances shall the County of San Mateo be liable for any actions taken on or omissions made from reliance on any information contained herein from the Requestor nor shall the County be liable for any other consequences from any such reliance.

* Reason for Change Request: _____

Your preferred number _____

We will do our best to accommodate your preferred address number after research and confirmation from the Fire Department.

Please email completed form and attachments with subject "Address Assignment" to buildingcounter@smcgov.org.

Property Addressing Service (applies to each assignment or change of each street address):

Minimum Fee (non-refundable)

\$165.00

Staff Labor

\$165.00/hr.

Following addressing, Requestor shall be invoiced for payment.

