



# CITY OF FIREBAUGH

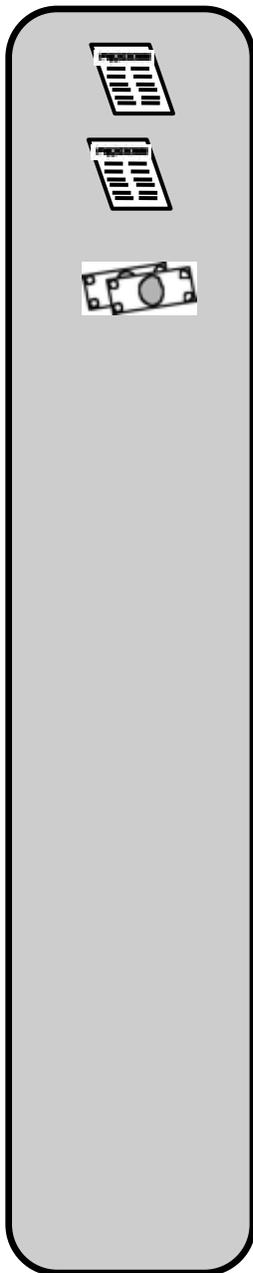
## Address Change Application Checklist

---

COMMUNITY DEVELOPMENT DEPARTMENT      1133 P STREET      FIREBAUGH, CA 93622      (559) 659-2043

---

*The following list includes all the items you must submit for a complete application to request an address change. The staff will use a copy of this list to check your application for completeness after it is submitted. Processing of your application could be delayed if required information is missing, inaccurate or incomplete.*



1. **Application Form.** (Attached)
2. **Questionnaire** (attached)
3. **Application Fee:**      \$50.00



# CITY OF FIREBAUGH

## Address Change Questionnaire

---

COMMUNITY DEVELOPMENT DEPARTMENT      1133 P STREET      FIREBAUGH, CA 93622      (559) 659-2043

---

*Please type or print clearly in ink. Incomplete applications will be returned.*

1. What is the existing address (or addresses) of the site?
2. What is the proposed address (es)?
3. What is the Assessor Parcel Number of the site?
4. What is (are) the addresses of adjacent parcels that face the same street as the subject site?
5. What is the purpose of the address change?



# CITY OF FIREBAUGH

## Address Change Application Form

COMMUNITY DEVELOPMENT DEPARTMENT      1133 P STREET      FIREBAUGH, CA 93622      (559) 659-2043

*Please type or print clearly in ink. Incomplete applications will be returned.*

**Applicant Name:** \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail \_\_\_\_\_

**Property Owner:** \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail \_\_\_\_\_

Please indicate if correspondence is to be sent to:

Applicant       Agent       Property Owner

Specific Description of Request (ATTACH ADDITIONAL SHEET IF NECESSARY)

\_\_\_\_\_

Assessor's Parcel Number(s) \_\_\_\_\_

I (we) hereby certify that the statements furnished above and in the attached exhibits present the data and information required in this application to the best of my (our) ability, and that the facts, statements and information presented are true and correct to the best of my (our) knowledge and belief.

\_\_\_\_\_  
Print Applicant's Name

\_\_\_\_\_  
Applicant's Signature      Date

\_\_\_\_\_  
Print Property Owner's Name (if different from applicant)

\_\_\_\_\_  
Property Owner Signature      Date

\_\_\_\_\_  
Print Agent's Name (if applicable)

\_\_\_\_\_  
Agent's Signature      Date

Note: The City must have signed consent of all property owners of the project site