



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:** \_\_\_\_\_ **Unit#(s)** \_\_\_\_\_  
(As listed with City of Berkeley) Street Number Street Name

**Assessor's Parcel Number:** \_\_\_\_\_  
(Required)

**PROPOSED Address:** \_\_\_\_\_ **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 \$340.00\*non-refundable\***

**Check One** {  Check Payable to **City of Berkeley** Check# \_\_\_\_\_  
 Cash  
 Visa (use separate Credit Card form attached, or pay in person)  
 MasterCard (use separate Credit Card form attached, or pay in person)

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](mailto:BuildingandSafety@CityofBerkeley.info)

OR

Hand-deliver or mail (**on 8 1/2 X 11 paper**) to: City of Berkeley, Building & Safety, 2120 Milvia Street 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

**TWO SIDES TO THIS FORM** =>>>>

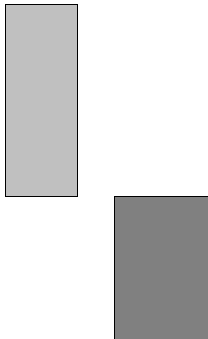
**ADDRESS ASSIGNMENT REQUEST INSTRUCTIONS:**

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 \$340.00. 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"**

*(Please show current address, nearest cross streets, addresses of adjacent properties, minimum of two addresses for properties across the street)*

	Name of Street Here	Label this Parcel w/ House Number  Adjoining Parcel  1202	Your Parcel  Label with <b>Assessor's Parcel Number</b>  and <b>Current Address</b>	Label this Parcel w/ House Number  Adjoining Parcel  1208	
	Name of Street Here	1203	1205	Example Only  	
		Label at least 2 Parcels across the street from your property with house number	Label at least 2 Parcels across the street from your property with house number		



Planning and Development  
Building and Safety

## Building and Safety Division

### ADDRESS ASSIGNMENT REQUEST CREDIT CARD HOLDER INFORMATION

Name on Credit Card:		
Card Holder Billing Address:		
City:	State:	Zip:
Telephone:	Email Address:	

### PAYMENT AUTHORIZATION

PLEASE PRINT NEATLY

Card Type:     Visa     MasterCard

Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Card Identification Number (CVV2 Code: \_\_\_\_\_ 3 digits on back of card)

I authorize the City of Berkeley to process a non-refundable charge to my credit card account in the amount of **\$340.00**.

**X** \_\_\_\_\_ Date: : \_\_\_\_/\_\_\_\_/\_\_\_\_

Cardholder Signature

➤ **Note: The City of Berkeley does not keep a file of Credit Card numbers. At the completion of the transaction, this portion of the document with your credit card number will be shredded.**

### For Office Use Only

Payment Information:

Visa     M/C     Cash     Check# \_\_\_\_\_ Receipt#: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_