



# Community Development Department

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Building ♦ Planning

ADDRESS FEE: \$190.75

## ADDRESS APPLICATION

Permit # \_\_\_\_\_

CURRENT ADDRESS		AP NO:	
APPLICANT/AGENT:	PHONE NO:	E-MAIL ADDRESS:	
ADDRESS:	CITY:	STATE/ZIP:	
PROPERTY OWNER IF OTHER THAN APPLICANT:	PHONE NO:	FAX NO:	E-MAIL ADDRESS:
ADDRESS:	CITY:	STATE/ZIP:	
<input type="checkbox"/> ADDITIONAL ADDRESS(S)	<input type="checkbox"/> NEW SUITE NUMBERS	<input type="checkbox"/> STREET NAME CHANGE	
<input type="checkbox"/> NEW ADDRESS	<input type="checkbox"/> 9% ADMINISTRATIVE OVERHEAD FEE		

PROPOSED ADDRESS(S): \_\_\_\_\_

REASON FOR ADDRESS CHANGE/NEW ADDRESS: \_\_\_\_\_

\_\_\_\_\_

HAS PROJECT RECEIVED AN ENTITLEMENT?  YES  NO If YES, FILE NUMBER: \_\_\_\_\_

IS THE REQUEST FOR A NEW ADDRESS OR CHANGE OF ADDRESS A CONDITION OF APPROVAL?  YES  NO

<input type="checkbox"/> RESIDENTIAL UNIT <input type="checkbox"/> YES <input type="checkbox"/> NO	COMMERCIAL BUILDING: <input type="checkbox"/> YES <input type="checkbox"/> NO
IF YES: <input type="checkbox"/> NEW, <input type="checkbox"/> EXISTING UNIT <input type="checkbox"/> ACCESSORY DWELLING	IF YES: <input type="checkbox"/> NEW BUILDING OR <input type="checkbox"/> ADDING SUITES

I, \_\_\_\_\_, OWNER, AUTHORIZE \_\_\_\_\_  
TO ACT ON MY BEHALF FOR THIS PROJECT AND I HAVE READ AND AGREE WITH ALL OF THE ABOVE. (APPLICATION MUST BE SIGNED BY OWNER).

\_\_\_\_\_  
**PROPERTY OWNER SIGNATURE** **DATE**

I, \_\_\_\_\_, AM THE  OWNER/ AUTHORIZED AGENT OF THE PROPERTY FOR WHICH THE CHANGE IS PROPOSED. THE ABOVE INFORMATION AND ATTACHED DOCUMENTS ARE TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE. I HAVE READ AND AGREE WITH ALL OF THE ABOVE.

I HEREBY AUTHORIZE EMPLOYEES OF THE CITY OF PETALUMA TO ENTER UPON THE SUBJECT PROPERTY, AS NECESSARY, TO INSPECT THE PREMISES AND PROCESS THIS APPLICATION.

\_\_\_\_\_  
 PROPERTY OWNER (OR)  AUTHORIZED AGENT **DATE**