



City of Oroville

Building Division - Community Development Department

Donald Rust
DIRECTOR

1735 Montgomery Street
Oroville, CA 95965-4897
(530) 538-2420 FAX (530) 538-2426
www.cityoforoville.org

RE-ADDRESSING REQUEST

| | | | |
|-----------------------------|--|--|--|
| APPLICANT NAME: | | Date: | |
| MAILING ADDRESS: | | | |
| EXISTING SITE ADDRESS: | | | |
| PHONE: | | CELL: | |
| EMAIL: | | | |
| ARE YOU THE PROPERTY OWNER? | | IF YES ATTACH PROOF: (RECORDED GRANT DEED) | |
| IF NOT, RELATIONSHIP: | | | |
| REASON FOR REQUEST: | | | |

(Second dwelling on property(s), corrections to existing addressing, etc)

(OFFICE USE ONLY)

| | |
|-------------------------------------|--|
| ADDRESS ASSIGNED TO PROPERTY: | |
| PARCEL APN: | |
| ADDITIONAL DESCRITPION OF PROPERTY: | |

I hereby certify that the information provided in this application is, to my knowledge, true and correct.

Addressing Fee \$43.01 + Technology Cost Recovery Fee \$2.58= **\$45.59** (minimum ½ hour)

| | | | |
|--------------|--|---------|--|
| Approved By: | | Date: | |
| Payment: | | Number: | |