



City of Oroville

Building Division - Community Development Department

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 \$83.00 + Technology Cost Recovery Fee \$4.98= **\$87.98** (minimum ½ hour)

Approved By:				Date:	
Payment:				Number:	