



# CITY OF PINOLE

## DEVELOPMENT SERVICES DEPARTMENT

2131 Pear Street  
Pinole, CA 94564

Phone: (510) 724-8912  
FAX: (510) 724-9826

### ADDRESS ASSIGNMENT APPLICATION

COMPLETE ALL INFORMATION BELOW & SUBMIT WITH "REQUIRED ITEMS" IN ORDER FOR US TO PROCESS YOUR REQUEST

Please **PRINT**

Project Site Address/Location: \_\_\_\_\_ Unit#(s) \_\_\_\_\_  
Street Number Street Name

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

Proposed Address: \_\_\_\_\_ Unit#(s) \_\_\_\_\_  
Street Number Street Name

Reason for Address Change Request: \_\_\_\_\_  
(Required)

Your relationship to the Property: (please check appropriate box)

Owner  Tenant  Architect  Contractor  Other \_\_\_\_\_

Applicant Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_  
First Last

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

Owner Signature: \_\_\_\_\_  
(Required)

**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 \$368.00\* non-refundable\*
- 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: [building@ci.pinole.ca.us](mailto:building@ci.pinole.ca.us)  
OR
- Hand-deliver or mail (on 8 1/2 X 11 paper) to: **City of Pinole, Development Services Department**  
2131 Pear St., Pinole, CA 94564

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 Pinole Municipal Code Section 15.02.050, the owner is responsible for the proper physical numbering of the building so that the address is visible from the street.

X \_\_\_\_\_  
Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

**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 **\$386.00**. All Submissions must be on **8 ½ 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:

**Development Services Department at: 510-724-8912, Monday-Thursday between 9:00AM – Noon and 1:00PM-4:30PM.**

	Name of Street Here		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		

**SAMPLE "VICINITY MAP"**