



CITY OF PINOLE

COMMUNITY DEVELOPMENT DEPARTMENT

2131 Pear Street
Pinole, CA 94564

Phone: (510) 724-8912
buildplansubmit@ci.pinole.ca.us

ADDRESS ASSIGNMENT APPLICATION

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

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)

- ☐ Payment of \$322.00 *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: Buildplansubmit@ci.pinole.ca.us

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 the non-refundable fee payment. 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:

Community Development Department at: 510-724-8912, Monday-Thursday between 8:00AM – Noon and 1:00PM-4:30PM.

EXAMPLE ONLY

	Name of Street Here	<div style="border: 1px solid black; padding: 10px; margin: 10px auto; width: 80%;"> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%; text-align: center; vertical-align: top;"> Label this Parcel w/ House Number Adjoining Parcel 1202 </td> <td style="width: 30%; text-align: center; vertical-align: top;"> Your Parcel Label with Assessor's Parcel Number and Current Address </td> <td style="width: 30%; text-align: center; vertical-align: top;"> Label this Parcel w/ House Number Adjoining Parcel 1208 </td> </tr> </table> </div>				Label this Parcel w/ House Number Adjoining Parcel 1202	Your Parcel Label with Assessor's Parcel Number and Current Address	Label this Parcel w/ House Number Adjoining Parcel 1208
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SAMPLE "VICINITY MAP"