### CITY OF CALABASAS

### Address Number Request (New or Change)

1 OF 2 8/2024

#### **GENERAL INFORMATION:**

- ✓ All requests for new or change to an existing address(es) shall be submitted to Building and Safety.
- ✓ Changes to street names or new street name assignments are not part of this application.

#### REQUEST FOR NEW OR CHANGE TO ADDRESS NUMBERS:

- ✓ To request a new address or change to an existing address, the <u>property owner</u> must complete the attached Address Number Request Form, and pay applicable fees.
- ✓ If the request is approved, any associated permit applications and proposed plan sets must be updated with the new address.

#### **PERMIT INFORMATION:**

- ✓ A separate Address Request Form is required for each address for new construction, adding an address to an existing building, and/or changing an existing address. This includes suites, apartments, ADU's, and unit numbers.
- ✓ Applications for an address request may only be submitted by, and issued to, the property owner or authorized agent.
- ✓ Applicants shall submit one application for each new address or change in existing address and pay the required fees (\$83.00 per request, large projects may require additional fees).
- ✓ Buildings containing multiple tenant addresses are also required to have a "shell" building address.
- ✓ When converting an existing building with one tenant with one address into a building with multiple tenant addresses, each tenant space, as well as the building shell, will require a separate address.
- ✓ A floor plan showing the location of each suite/apartment/ unit in each building must be included with Address Request Form submission.
- ✓ All commercial and residential development applications shall be accompanied by a site plan showing the location of each building and, if applicable, a floor plan showing the location of each suite/apartment/unit in each building must be included with Address Request Form submission.



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**2**OF **2**8/2024

PROJECT ADDRESS:		DATE:
CHECK ALL THAT APPLY:		
□ New building	□ Residential	
□ Existing building	□ Commercial	
□ Shell building	□ Industrial	
□ Tenant space		
□ New tenant - Name:		<u> </u>
□ Existing tenant - Name:		
□ Other:		_
PROPERTY OWNER:		
Owner's name:		_
Mailing address:		
City:	State: Zip:	_
Contact person:		_
Phone ( )		
Email:		-
APN NUMBER:	TRACT: LOT(S):	
LIST ALL EXISTING ADDRESSES: _	• •	
NEW ADDRESS(ES) REQUESTED: _		
REASON FOR REQUEST:		
OWNER'S NAME:		
OWNER'S SIGNATURE:		DATE:
NEW ADDRESS.	OFFICE USE ONLY	
SIGNATURE:		_ DATE: