



# City of Oroville

Building Division - Community Development Department

1735 Montgomery Street  
 Oroville, CA 95965-4897  
 (530) 538-2401 FAX (530) 538-2426  
[www.cityoforoville.org](http://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 \$86.00 + Technology Cost Recovery Fee \$5.16= **\$91.16**(minimum ½ hour)

Approved By:		Date:	
Payment:		Number:	