



CITY OF CARMEL-BY-THE-SEA

P.O. BOX CC, CARMEL-BY-THE-SEA, CA 93921
(831) 620-2000 • www.ci.carmel.ca.us

Request for Review of Preliminary Address Assignment

Parcel Information

Current Descriptive Address _____

Assessor's Parcel Number(s) _____

Building Type Residential Commercial Multi-Use Multi-Family Dwelling Unit

Reason for Address Review Request

Property Owner Information

Property Owner(s) _____ Phone(s) _____

Mailing Address(es) _____

Property Owner Signature (Required) _____ Date _____

Applicant/Representative/Agent Information *(If different from above)*

Name of Contact _____

Mailing Address _____

Email Address _____

Signature of Contact/Representative/Agent _____ Date _____

City Use Only

Date Received _____ Review Completed _____

Address Changed/Corrected? Yes No

If Yes, address was changed due to:

Number assigned on incorrect street (public safety/main entry)

Number did not align with address system sequencing

Other _____

By signing and submitting this request, the applicant agrees to the following:

I understand that all materials submitted as part of this request are considered to be public information, may be posted on the internet, distributed to the necessary Committees, Commissions and Council as part of the approval process, and reviewed by the public.

I declare under penalty that I am the owner or authorized agent for this property and that the foregoing statements and answers and all data information, documents and evidence herewith submitted are to the best of my knowledge and belief, true and correct.

Signature of Legal Property Owner or Agent

Date
