



# CITY OF CARMEL-BY-THE-SEA

P.O. BOX CC, CARMEL-BY-THE-SEA, CA 93921

(831) 620-2000 • [www.ci.carmel.ca.us](http://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**