



# ADDRESS APPLICATION

Submit your completed application and supporting documentation to [planning@cityofirvine.org](mailto:planning@cityofirvine.org).

DATE

## APPLICANT INFORMATION

APPLICANT NAME			
APPLICANT CURRENT ADDRESS		PHONE	
CITY	STATE	ZIP	EMAIL

## PROPERTY OWNER INFORMATION

PROPERTY OWNER			
PROPERTY OWNER ADDRESS		PHONE	
CITY	STATE	ZIP	EMAIL

## PROJECT INFORMATION

\*\*An address will not be issued without this information

PROJECT NAME	PARCEL/TRACT**	LOT(S)**
PLANNING AREA NUMBER/NAME	ASSESSOR PARCEL NUMBER	
SELECT ONE <input type="checkbox"/> PERMANENT <input type="checkbox"/> TEMPORARY <input type="checkbox"/> BUILDING <input type="checkbox"/> STRUCTURE <input type="checkbox"/> UTILITY METER <input type="checkbox"/> OTHER	PROPOSED ADDRESS  APPLICANT COMMENTS (If OTHER is selected, describe the use)	

**INCLUDE AN EXHIBIT DEPICTING THE LOCATION OF THE BUILDING(S), STRUCTURE(S) OR METER(S) BEING ADDRESSED.**

### FOR OFFICE USE ONLY

STAFF COMMENTS

\_\_\_\_\_ -PADD

DATE ISSUED \_\_\_\_\_

ISSUED BY \_\_\_\_\_

ADDRESS(ES) ISSUED \_\_\_\_\_