



REQUEST FOR CHANGE OF ADDRESS

FEES

\$ 10.00 x _____ Address Request/Change
(Fee Code #4275)

\$ _____ **TOTAL FEES DUE**

Please check one of the following:

Change in Address Number

Change in Street and Address

Number Additional Address

Variance from Address Ordinance

ADDRESS INFORMATION

EXISTING ADDRESS _____
Street City Zip

REQUESTED ADDRESS _____
Street City Zip

APPLICANT

PARCEL OWNER'S NAME _____
First Middle Last

APPLICANT NAME _____
First Middle Last

APPLICANT MAILING ADDRESS _____
Street Address/PO Box City Zip

EMAIL ADDRESS _____ PHONE _____

SUBMIT A SITE PLAN SHOWING THE PARCEL BOUNDARY, BUILDING OUTLINE, LOCATION OF THE FRONT DOOR AND ANY FIRE ALARM BOXES.

REASON FOR REQUESTED CHANGE _____

PARCEL OWNER'S SIGNATURE _____ DATE _____

*If address change is denied by Public Works Addressing Division, a variance request may be submitted. Please submit a \$25.00 Non-refundable fee. This request will be heard by Boise City Council. Additionally, please be aware of the following: Boise City Code, Variances states, "the applicant must specifically state, in writing, 1) the extraordinary hardship caused by this code and 2) prove said variance will not cause adverse affect to the health, safety and welfare of the community."

OFFICE USE ONLY

Address Request/Change Reviewed: Approved Denied

Addressing Technician Authorized Signature: _____ Date: _____

Planning and Development Services (PDS): Approved Denied See attached comments

PDS Authorized Signature: _____ Date: _____