CITY OF BURLINGAME
501 PRIMROSE ROAD
BURLINGAME, CA 94010

DEPARTMENT OF PUBLIC WORKS
650/558-7230

STREET ADDRESS APPLICATION

SELECT ONE: ☐**NEW ADDRESS** ☐**ADDITIONAL ADDRESS** ☐**CHANGE ADDRESS**

PRESENT ADDRESS _____

PROPOSED NEW ADDRESS_____

LOT_____ BLOCK_____ SUBDIVISION_____

ASSESSOR'S PARCEL NUMBER(S)_____

REASON FOR THE ADDRESS REQUEST_____

_____

_____

_____

PRESENT OWNER NAME_____

PRESENT OWNER ADDRESS_____

PRESENT OWNER TELEPHONE_____

ATTACH DRAWINGS OR SKETCHES (8 ½" X 11" SIZE PAPER) TO SHOW ALL THE EXISTING ADDRESS OR ADDRESSES AND PROPOSED ADDRESS OR ADDRESSES ON THE PROPERTY.

I AM THE PRESENT OWNER OF THIS PROPERTY. I AGREE TO PAY THE FEE OF $295.00 (Resolution No. 57-2016, dated June 6, 2016).

DATED_____ SIGNED_____

NOTE: ONCE THE NEW ADDRESS HAS BEEN APPROVED AND A NOTICE SENT TO THE VARIOUS AGENCIES AND CITY DEPARTMENTS, THE CITY WILL NOT RETURN THE FEE. ANOTHER ADDRESS CHANGE WILL NOT BE CONSIDERED WITHOUT SUFFICIENT REASON AND ANOTHER $295.00 FEE.

BELOW THIS LINE FOR CITY ENGINEER USE ONLY

$295.00 FEE PAID _____ _____ RECEIPT & FUND NO._____
Initials Date

APPROVED BY_____ _____
CITY ENGINEER DATE

DENIED BY_____ _____
CITY ENGINEER DATE

REFUND FEE BY_____ _____
DATE