



Addressing Request Application

ADDRESS CHANGES OR REVISIONS TO EXISTING ADDRESS

*Required Fields

*Project Name: _____ Date: _____

Current Address & Suites if applicable: _____

Zoning: _____ Associated Case Number: _____

A.P.N.: _____ Quarter Section: _____

***Check all that apply:**

New Verification Suite Assignment Occupied

Change Correction Lot Tie Lot Spli

Single Family Commercial

Change to: _____

Is there an active Permit or Application? Yes No

Permit # _____ Plan Check # _____

***Submittal Requirements:**

Please submit 1 copy of materials below.

Copy of building suite layout

Copy of site plan

*Signature

Date

Check One: Applicant Owner Architect Contractor

Please Note: A Certificate of Occupancy cannot be issued until address issues are resolved.

***Applicant / Contact Information: (Please Print)**

Name: _____

Title: _____

Phone: _____

Email: _____

*Property Owner: _____

Company: _____

Phone: _____ Fax: _____

Address: _____

E-mail: _____

Records / GIS Official Use Only



Notification Dates: GIS _____ Mail Out _____

New Address Assigned: _____

Suite Numbers/Bldg Letters: _____

Notes: _____

Planning and Development Services Department

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