



# APPLICATION FOR NEW PHYSICAL ADDRESS

**A. PURPOSE:**

APPLICANTS ARE ADVISED A NEW ADDRESS APPLICATION IS REQUIRED WHEN REQUESTING ASSIGNMENT OF AN AUTHORIZED PHYSICAL ADDRESS FOR REASONS OTHER THAN NEW CONSTRUCTION OR ANY NEW DEPARTMENT ISSUED PERMIT.

**B. FILING FEE: \$ 35.00**  
*(Make check payable to San Benito County)*

**REQUIRED DATA:**

PROPERTY OWNER'S NAME: \_\_\_\_\_

APPLICANT NAME: \_\_\_\_\_

APN(s): \_\_\_\_\_

APPLICANT'S CURRENT ADDRESS: \_\_\_\_\_

WHAT PHONE NUMBER CAN WE REACH YOU AT?: \_\_\_\_\_

EXISTING ADDRESS ON SITE \_\_\_\_\_

REASON FOR REQUEST: \_\_\_\_\_

US POST OFFICE NOTIFIED:  HOLLISTER 95023  SAN JUAN BAUTISTA 95045  
 AROMAS 95004  PAICINES 95043  
Date: \_\_\_\_\_  KING CITY 93930  COALINGA 93210  OTHER \_\_\_\_\_

**OWNER CERTIFICATION:** *I certify that I am presently the legal owner of the above described property. I acknowledge the filing of this application and certify that all the information is true and accurate.*

PRINT NAME: \_\_\_\_\_ TELEPHONE \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

City State Zip

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

*(please sign in blue ink)*

**APPLICANT:** *Applicant agrees that the foregoing information on this application is true and correct.*

PRINT NAME: \_\_\_\_\_ TELEPHONE \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

City State Zip

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

*(please sign in blue ink)*

***(For Department Use Only)***

APPLICATION APPROVED:  YES  NO BY: \_\_\_\_\_

DATE: \_\_\_\_\_ If NO, state reason: \_\_\_\_\_

ADDRESS ISSUED: \_\_\_\_\_

(NUMBER) (FULL NAME OF ROADWAY)

(CITY) (ZIP CODE)