



ADDRESS CHANGE REQUEST APPLICATION

PFMC 12.24

Public Services Department – Planning Division
 408 N. Spokane St. Post Falls, ID 83854
 208.773.8708 Fax: 208.773.2505

STAFF USE ONLY

Date Submitted: _____ Received by: _____ Fee paid: _____ Tyler #: _____

PART 1 – REQUIRED MATERIAL

THE APPLICATION WILL NOT BE ACCEPTED IF THE REQUIRED MATERIALS ARE NOT PROVIDED

Accurate and consistent addressing and street naming are required for the efficient delivery of many services, including E911 and Postal Service. Prior to approval of changes to existing addresses, or the assignment of new addresses, an applicant must provide sufficient information to the City concerning existing and proposed structures, uses and orientation to adjacent streets. In certain incidents, the City may require the imposition of new street names or addresses for compliance with City Code.

For additional information, please see PFMC 12.24 Street Naming and Addressing, City of Post Falls Resolution 2008-36 Addressing Guidelines

- Completed Application Form**
- Written permission of property owner.** If different than applicant.
- Site Plan:** Submit on 8 ½ inch by 11 inch copy with **all** of the following information:
 1. All dimensions scaled (e.g. 1" = 20').
 2. North arrow. Show actual property boundaries and dimensions, parking, and access, etc.
 3. Label and show location of existing buildings/structures, utilities, and other improvements, showing dimensions, square footage, and distance to property boundaries.
 4. Label and show location of proposed buildings/structures (including exterior decks, and porches), showing dimensions, square footage, and distance to property boundaries.

PART 2 – APPLICATION INFORMATION

PROPERTY OWNER:		
MAILING ADDRESS:		
CITY:	STATE:	ZIP:
PHONE:	FAX:	EMAIL:
APPLICANT:		
MAILING ADDRESS:		
CITY:	STATE:	ZIP:

PHONE:	FAX:	EMAIL:
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APPLICATION INFORMATION:

PROPERTY GENERAL LOCATION OR ADDRESS:		
PROPERTY LEGAL DESCRIPTION (ATTACH OR DESCRIBE):		
TAX PARCEL #:	EXISTING ZONING:	ADJACENT ZONING:
	CURRENT LAND USE:	ADJACENT LAND USE:
DESCRIPTION OF PROJECT/TYPE OF REQUEST AND REASON FOR REQUEST:		

PART 3 – DETERMINATION

STAFF USE ONLY

ADDRESS CHANGE REVIEW

This request is:

APPROVED
 APPROVED WITH CONDITIONS
 DENIED

Comments/Conditions: _____

DATE: _____

ADMINISTRATOR