

## **DEPARTMENT OF RESOURCE MANAGEMENT**

## **Planning Division**

1855 Placer Street, Suite 102 Redding, California 96001

Phone: (530) 225-5532 Fax: (530) 245-6468

Web: <a href="mailto:shastacounty.gov/planning">shastacounty.gov/planning</a> Email: resourcemanagement@co.shasta.ca.us

	ADDRES	S INFORMATIO	N APPLIC	CATION	(Rev: 08-09-23
APPLICANT		MAILING ADDRESS		PHONE NUMBER	
Email		City	Zip		
REPRESENTATIVE	(If other than applicant)	MAILING ADDRESS		PHONE NUMBER	
Email		City	Zip		
PROPERTY OWNER (If other than applicant)		MAILING ADDRESS		PHONE NUMBER	ER
Email		City	Zip		
ADDRESS INFORM	MATION TO BE SENT 1	ΓΟ: [ ] Applicant	: [	] Representative [ ] C	Owner
PLEASE CHECK TH	E APPROPRIATE REQ	UEST BOX:			
	ADDRESS VERIFIC		□NE	W ADDRESS	
	_		_		
IN ORDER TO ISSU	JE ACCURATE ADDRE	SSING, PLEASE PROVID	DE THE FOLL	OWING INFORMATION:	
☐ ASSESSOR'S	PARCEL NUMBER:				
	PROVIDE A PLOT PLA	AN, SHOWING ALL PROPE	ERTY LINES A	ND THE FOLLOWING INFORMATION	ON:
	□ LOCATION AND NAME OF THE ROAD GIVING DRIVEWAY ACCESS TO YOUR PARCEL				
☐ DRIVEWAY LOCATION GIVING ACCESS TO YOUR DWELLING.					
	□ LOCATION OF D	WELLING (PLEASE INDICA	ATE IF MOBIL	EHOME OR HOUSE) ON PARCEL.	
FOR VERIFICATION	NS ONLY: EXISTING A	ADDRESS IS			
	TO BE CO	OMPLETED BY THE CON	ISOLIDATED	PERMIT CENTER	
DATE:	FEE: _		RECEIPT	NUMBER:	
	то	BE COMPLETED BY TH	IE PLANNING	DIVISION	
OFFICIAL ADDRES	SS:				
ISSUED BY:		DATE APPLICANT NOTIFIED:			

NOTES: \_

UNABLE TO ADDRESS DUE TO: