



Application

ADDRESSING ASSIGNMENT OR ADDRESSING CHANGE (ADR)

CITY OF VANCOUVER

Submit to: 415 W 6th ST ~ Vancouver, WA 98660
 PO Box 1995 ~ Vancouver, WA 98668
 Phone (360) 487-7800 Fax (360) 487-7808
www.cityofvancouver.us

TYPE OF WORK	
<input type="checkbox"/> New Address	<input type="checkbox"/> Change of Address
OCCUPANY TYPE	
<input type="checkbox"/> Single Family	<input type="checkbox"/> Commercial
<input type="checkbox"/> Industrial	<input type="checkbox"/> Multi-Family Residential
<input type="checkbox"/> Other Specify:	
JOB SITE INFORMATION AND LOCATION	
→ Job site address:	
Suite/bldg./apt #:	
Project name:	
Tax Assessor Serial Number:	
Nearest intersection if no site address:	
DESCRIPTION OF WORK	
<input type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name:	
Contact name:	
Address:	
City/State/Zip:	
Phone: ()	Fax: ()
E-mail (required):	
<input type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name:	
Address:	
City/State/Zip:	
Phone: ()	Fax: ()
CONTRACTOR	
Business name:	
Contact name:	
Address:	
City/State/Zip:	
Phone: ()	Fax: ()
WA State Contractor License #:	

SCOPE OF WORK		
Please check the following applicable boxes and enter required information where necessary		
Are Commercial Suite numbers needed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are apartment / condo unit numbers needed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Number of buildings:		Number of floors:
Are there any existing structures to remain?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, what are their current addresses?		
REQUIRED SIGNATURES		
Applicant signature:		
Print name:		Date:
Property Owner signature:		
Print name:		Date:
MINIMUM SUBMITTAL REQUIREMENTS		
<input type="checkbox"/> Fees associated with the application		
<input type="checkbox"/> Completed and signed application		
<input type="checkbox"/> One (1) reduced copy (8.5x11") of site plan including north arrow, lot lines, lot numbers and phasing)		
<input type="checkbox"/> One (1) reduced copy (8.5x11") of building elevations (multi-family developments – for each building type)		
<input type="checkbox"/> One (1) legible full size copy (no larger than 24"x36") of overall site plan (for projects with more than one building and/or pad)		
RECOMMENDED SUBMITTAL REQUIREMENTS		
<input type="checkbox"/> Digital file of plat or site plan (DXF or DWG format)		
The submitted file can be saved on a 3.5: high density disk or CD Rom or transmitted via electronic mail and shall conform to the following layering scheme:		
Layer Description	Feature Type	
Parcel Boundary	Line	
Road ROW	Line	
Adjacent Road Names	Text	
Parcel Lot #	Text	