

Siskiyou County Planning Division

806 South Main Street· Yreka, California 96097 Phone: (530) 841-2100 · Fax: (530) 841-4076 <u>https://www.co.siskiyou.ca.us/planning</u>

Real Property Request for Address

The undersigned hereby makes application to the Siskiyou County Planning Division requesting an Address be issued for the property described as follows:

Person / Firm Making Request:	
Township / Range / Section:	Assessor's Parcel No
Phone Number:	Email:

A site plan that shows the building location and driveway location on the parcel is required. If the request is for a tenant space in a commercial building, the location of the space within the building is required to be shown. All necessary building permits shall be obtained prior to the issuance of an address.

I understand and agree the Address Number issued to me shall be subject to and conditioned on the faithful compliance with the following conditions:

- 1. Upon issuance of the address number, the address number shall be posted with a minimum four-inch letter height, 1/2-inch stroke, reflectorized material contrasting with the background color of the sign and visible from a distance of at least 100 feet in each direction (Fire Safe Regulations, Public Resources Code 4290).
- 2. Address numbers will be assigned using the existing address numbering system which is based upon the location of the driveway along your property frontage. In the event the driveway location changes upon development in the future, the address number may be subject to change.

NOTE: It is the owner's responsibility to provide this address to utility companies. It is the policy of the County of Siskiyou that camping on private property without a legally established residence may be permitted up to 15 days with approval of an administrative permit. The Planning Director may renew or reissue an administrative permit to camp so long as the cumulative period of camping does not exceed 30 days in one calendar year.

Property Owner Authorization and Signatures:

I hereby certify that the facts, statements, and information presented within this application form are true and correct to the best of my knowledge and belief. I hereby certify that my signature authorizes a request for issuance of an address for real property and compliance with County Codes and policies.

Signature of Owner	Signature of Owner	
Mailing Address		
For Planning Department Use Only		
Date request received:	Verified Landowner:	APN:
Address issued:		
Date applicant notified:	_ Date GIS updated:	Date Assessor notified:
Request completed by (name / title):		