

CITY OF MILPITAS

Office of Building Safety
455 E. Calaveras Blvd.
Milpitas, CA 95035
408-586-3240
www.milpitas.gov



REQUEST FOR NEW OR CHANGE OF ADDRESS NUMBERS

1. **GENERAL INFORMATION:**

- ☐ All requests for new or change to addresses shall be submitted to the Office of Building Safety. Address numbers will be assigned based upon the City of Milpitas *Addressing Policy*.
- ☐ Changes to street names or new street names assignments are not part of this application.

2. **REQUEST FOR NEW OR CHANGE TO ADDRESS NUMBERS:**

- ☐ To request a new or change to address, the property owner shall complete the attached change of address form.
- ☐ **Applicant shall submit this form along with the building floor plan identifying the existing unit/space and identify the entrance to that unit/space in PDF file format to BuildingPermitCenter@milpitas.gov.**
- ☐ If the request is approved, the property owner will be notified and instructed how to obtain a change of address permit from the Office of Building Safety.

3. **PERMIT INFORMATION:**

- ☐ An address permit is required for each new address in new developments, adding an address to existing building and changing an existing address. This includes suite, apartment, and unit numbers.
- ☐ Applications for an address permit may only be submitted by and permits issued to the property owner (not tenants).
- ☐ Buildings containing multiple tenant addresses also are required to have a “shell” building address. When converting an existing building with one tenant with one address into a building with multiple tenant addresses, each tenant space as well as the building shell will require a separate address.
- ☐ All commercial and residential development applications shall be accompanied by a site plan showing the location of each building and building address, and if applicable a floor plan showing the location of each suite/apartment/unit in each building. Site plan and layout preferably shall be submitted in PDF file format.

4. **ADDRESS NUMBERS INSTALLATION REQUIREMENTS:**

- ☐ See the [Address Requirements](#) handout for specific requirements for installation of the address numbers and inspections.

5. **QUESTIONS:**

If you have any questions regarding your project, please contact the Office of Building Safety at (408) 586-3240.

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EXISTING PROJECT ADDRESS: _____ DATE: _____

CHECK ALL THAT APPLY:

- | | |
|--|--------------------------------------|
| ☐ New building | ☐ Residential |
| ☐ Existing building | ☐ Commercial |
| ☐ Shell building | ☐ Industrial |
| ☐ Tenant space | |
| ☐ New tenant – Name: _____ | |
| ☐ Existing tenant – Name: _____ | |
| ☐ Other: _____ | |

PROPERTY OWNER:

Owner's name: _____

Mailing address: _____

City: _____ State: _____ Zip: _____

Contact person: _____

Phone (____) ____--____ Fax (____) ____--____

Email: _____

APN NUMBER: ____-____-____ TRACT: _____ LOT(S): _____

LIST EXISTING ADDRESS(ES): _____

REASON FOR REQUEST: _____

OWNERS SIGNATURE: _____ DATE: _____

OFFICE USE ONLY

NEW ADDRESS(ES): _____

OWNER NOTIFIED _____ BY _____ PERMIT #B-AC ____-____