



Development Service Center

Hipolito Olmos C.B.O. Building Division
7351 Rosanna Street, Gilroy, CA 95020
Phone: 408 846-0451 Fax: 408 846-0429
Visit us: www.cityofgilroy.org

Community Development Address Request

Request Date: _____
(MM/DD/YYYY)

Reason for Request:

(Business Suites are for existing Buildings only! If new development / Building, contact Public Works Division)

☐ JADU Added ☐ ADU Added ☐ Business Suite Added ☐ Business Suites Combined/Modified

(All other requests are to be made to the Public Works Division at EngineeringCounter@cityofgilroy.org)

Project Permit Number/s: _____

Project **Known** Address: _____

Project **Known** Parcel No.: _____

Notes/Comments: _____

Property Owner Name: _____

Property Owner Phone: _____

Property Owner Email: _____

Authorized Agent Name: _____

(Attach a completed/signed "[Authorization to Act as Agent Form](#)")

Signature of ☐ Property Owner ☐ Agent

Date (MM/DD/YYYY)

What to Submit:

- | | |
|--|--|
| ☐ This Application Form, Completed and Signed | ☐ Floor Plan showing existing Suite/Unit numbers (note floor number if multiple) |
| ☐ Include a site/plot plan showing all buildings on the same parcel (with their respective addresses/units) | ☐ Parameters (e.g.: walls and doorway openings) for each Suite Entrance |
| ☐ Street name and cross streets (if at corner) | ☐ Parking/Driveway entrance/s |
| ☐ North Arrow | ☐ Submit documents to Deserie.DeLeon@cityofgilroy.org and Christina.Villarreal@cityofgilroy.org |
| ☐ Floor Plan of NEW Suite/Unit Location (by highlighting or shading) | |

City Staff use only:

Date Received: _____

Date: _____

☐ Approved/Issued

☐ Denied (Add Note below)

New or Modified Assigned Address:

(Add separate sheet if needed)

Name of City Official

Signature

Date