



DEVELOPMENT SERVICES

BUILDING | HISTORIC PRESERVATION | PLANNING & ZONING

100 NW 1ST AVENUE, DELRAY BEACH, FLORIDA 33444 | (561) 243-7040 | (561) 243-7221 (fax) | www.delraybeachfl.gov

PROPERTY ADDRESSING FORM

Type of Address (please select one):

- New Address Request (including approved subdivisions)
- Change of Current Address (reassign new address to a currently/previously addressed property)

Required Information & Documents

- Fee (\$100 per address assignment)
- Property Survey (Single-family residential or duplex): 1 copy
- Plat (Commercial, Multi-family Residential, Mixed-Use Development): 1 copy, recorded
- Site Plan (Commercial, Multi-family Residential, Mixed-Use Development): 1 copy from certified plan set.
- Floor Plan(s) (Commercial, Multi-family Residential, Mixed-Use Development): 1 copy from certified plans.

For assistance, some property information can be found by visiting the Property Appraiser Public Access website at www.pbcgov.org/papa.

Property Information

Current Property Address:			
Current Property Control Number(s) (PCN):		Zoning District:	
Legal Description:			
Subdivision Name:		Block:	Lot No.:
Detailed description of the request, including number of addresses, property use(s), special characteristics of development, etc.			
Is the request associated with a __ pending or __ approved/unconstructed development? __ No __ Yes If yes, the following information is needed.			
Project File No.	Project Name:	Board Approval Date:	

Contact Information

Property Owner:	
Phone:	Email:
Agent/ Applicant:	
Phone:	Email:

I _____ (Property Owner Name), the fee simple owner of the property with the legal description above, certify that I have examined the request and that all information and statements listed within this application is accurate to the best of my knowledge.

SIGNATURE - OWNER

The foregoing instrument was acknowledged before me by means of physical presence or online notarization, this ____ day of _____, 20__, by _____ (name of person acknowledging), who has produced _____ as identification and/or is personally known to me.

SIGNATURE - NOTARY PUBLIC

PRINT NAME - NOTARY PUBLIC

NOTARY SEAL OR STAMP

My Commission Expires: _____

OFFICE USE ONLY

Reviewer:

Date:

Approved

Denied

Additional Information needed

Assigned Address:

Notes: