



125 East College Street
 Covina, CA, 91723
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 permits@covinaca.gov
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ADDRESS REQUEST

IB-05

NOTICE OF ADDRESS:

INTRODUCTION

Address assignments and requests are made by a property owner or project developer. The City of Covina requires a **\$395 administrative fee for each new address requested, or for a change to an existing address.**

There is **NO** refund once the request has been processed.

***PLOT/SITE PLAN REQUIRED reference HANDOUT #15 (one copy 8 1/2" x 11") See page 2**

PURPOSE OF REQUEST

Application/Permit # _____

EXISTING ADDRESS _____

EXISTING PARCEL NUMBER

_____ - _____ - _____

NAME OF REQUESTOR (*print*) _____

CONTACT PHONE NUMBER _____ EMAIL _____

CHECK ONE: OWNER DEVELOPER

I am authorized to submit this request as noted above:

SIGNATURE _____ DATE _____

FOR CITY USE ONLY		
City Map:	Tract:	Lot:
New Address:		
Department Approval:		

NOTE: Notification must be made with-in 10 business days off approval to all entities listed below

Property Owner's Signature: _____ Date: _____

PROJECT: BUILDING DATA

Number of units _____

Application/Permit # _____

Plot Plan

Date: _____ Address: _____

SQUARE FOOTAGE: _____

LOT COVERAGE: _____

• EXISTING: _____ ADDED: _____

• NUMBER OF BEDROOMS: _____

• NUMBER BATHROOMS: _____

I HEREBY STATE THAT THIS PLOT PLAN AND THE DIMENSION SHOWN ARE CORRECT:

SIGNATURE _____ ADDRESS _____