# COUNTY OF EL DORADO, SURVEYOR'S OFFICE

360 Fair Lane, Placerville, CA 95667 Phone (530) 621-5440 e-mail <u>surveyor@edcgov.us</u>

### **APPLICATION: SITUS ADDRESS ASSIGNMENT**

This form is applicable when an address request is independent of a Development Services application that <u>requires</u> an address to be assigned. Completion of this request does not circumvent established address procedures including applicable fees. <u>Please Note: Parcels that fall under the</u> <u>City of Placerville or City of South Lake Tahoe's Jurisdiction must go through their cities</u> respective Permit and Development Departments to establish or change addresses.

#### Application MUST include:

- Exhibit showing the shape of the parcel as well as any buildings present on the parcel. Additionally, the exhibit must delineate the driveway of the parcel as well as the driveways of the neighboring parcels.
- Fee (see Fee Schedule for amount). Check (payable to County Surveyor) or cash (Exact amount only).

#### NO APPLICATION WILL BE PROCESSED WITHOUT THE REQUIRED EXHIBIT AND FEE.

Application expires one year from submission. Requests generally take 3-7 days.

Assessor's Parcel Number:

**Reason for request:** (Please enter information explaining the circumstances around your request including any addresses currently assigned or in use.)

Requested by: _	Signature		Date:	
-	Name PRINTED		_	
E-mail		Phone		
Relationship:	□ Owner:			
	Representative: _	Company Name		_

PLEASE BE ADVISED: Assignment of an address does not grant any right of access or imply the existence of a legal easement. It is applicant's responsibility to verify their legal access prior to submission of the application.

## LETTER OF AUTHORIZATION

I (We), the undersigned, Owner(s) of Recor	d with ves	ted interest ir	Assessor's Parcel No.
, h	ereby auth	orize	
to act as my agent or representative to prepa	are and pro	cess the nece	ssary documents relative to
my property with the County of El Dorado,	on my beh	nalf.	
Signed:			Date:
Print Name:			
Signed:			Date:
Print Name:			
Owner(s) of Record:			
Mailing Address:			
City:		State:	Zip:
Phone:	Email: _		
For multiple owners,	attach addit	ional pages as	needed.
Agent for Applicant(s):			
Mailing Address:			
City:		State:	Zip:
Phone:	Email: _		