

# CITY OF MILPITAS

Office of Building Safety  
455 E. Calaveras Blvd.  
Milpitas, CA 95035  
408-586-3240  
[www.milpitas.gov](http://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](mailto: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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## REQUEST FOR NEW OR CHANGE OF ADDRESS NUMBERS

EXISTING PROJECT ADDRESS: \_\_\_\_\_ DATE: \_\_\_\_\_

### CHECK ALL THAT APPLY:

<input type="checkbox"/> New building	<input type="checkbox"/> Residential
<input type="checkbox"/> Existing building	<input type="checkbox"/> Commercial
<input type="checkbox"/> Shell building	<input type="checkbox"/> Industrial
<input type="checkbox"/> Tenant space	
<input type="checkbox"/> New tenant – Name: _____	
<input type="checkbox"/> Existing tenant – Name: _____	
<input type="checkbox"/> 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 \_\_\_\_\_ - \_\_\_\_\_