Commercial Address Request Form

PLANNING AND COMMUNITY DEVELOPMENT
280 Madison Ave. N • Bainbridge Island, WA 98110 •
(206) 842-2552 • Fax: (206) 780-0955
Email: pcd@ci.bainbridge-isl.wa.us

The City coordinates addresses and street names with the Bainbridge Island Fire District, CENCOM (911), the post office, and the Police Department so that emergency vehicles and personnel can quickly and accurately find the location to which they've been called and so that mail may be delivered accurately.

Please return this form to the Department of Planning & Community Development.

Reason for request: □ NEW □ CORRECTION □ CHANGE □ ADDITIONAL

NAME: __________________________ PHONE: __________________________

EMAIL ADDRESS: __________________________
If you do not have an email address, you must come into the office to receive your approved address paperwork.

MAILING ADDRESS: __________________________

Tax Lot Number (Assessor’s Account #): __________________________
(For parcel being assigned address)

Name of Street being accessed: __________________________
(i.e. Madison Ave N.)

Building Permit #: BLD __________

Attach a site plan/diagram of the property, including all road names in the area and addresses of neighbor’s. Include driveways and access from the street. If addressing multi-family units or commercial tenant space, provide a diagram of the buildings and units.

Your NEW ADDRESS is: __________________________

Commercial Properties are required by law to display their new number in numerals not less than five inches in height on a contrasting background on the front of their building, unless it is not visible from the road way, in which case they shall be displayed at the main entrance to the property. If any information changes or is incomplete, your assigned address may be subject to change.

Internal Use Only:

☐ Sent to BIFD By: __________________________ Date: __________________________
☐ Address Assigned By: __________________________ Date: __________________________
☐ KSAM Updated By: __________________________ Date: __________________________
☐ Tidemark Updated By: __________________________ Date: __________________________
BIFD/COBI ADDRESS

COMMERCIAL

_______ Type of request, new, correction, change, ADU etc

_______ Applicant Name, Mailing Address, Phone, Email

_______ Map showing property location, official plat map with tax lot number preferred

_______ Nearest address(s) on either/all side(s) of property

_______ House site plan with driveway access

_______ Fee Paid (No Charge at this time)