



CITY OF BAINBRIDGE ISLAND/
BAINBRIDGE ISLAND FIRE DEPARTMENT

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:

- EXISTING NEW CORRECTION CHANGE ADDITIONAL

NAME: _____ PHONE: _____

MAILING ADDRESS: _____

Tax Lot Number (Assessor's Account #): _____
(For parcel being assigned address)

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

Use of Address:

- Single Family Residence Multi-Family Accessory Dwelling Unit Commercial Property

Please attach a site plan/diagram of your property, including all road names in the area and addresses of your neighbor's. Please include driveway and access from the street. If addressing multi-family units or commercial tenant space, please provide a diagram of the buildings and units.

Your **NEW ADDRESS** is: _____ Date: _____

APPROVED BY: _____ **DATE:** _____

Residences are required by law to display their new number in numerals not less than three inches in height and five inches in height for commercial 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. The Fire Department will be notifying the Post Office, CENCOM (911), Police Dept., All COBI Fire Stations, US West, Assessors, and Election office. If any information changes or is incomplete, your assigned address may be subject to change.

<u>Internal Use Only:</u>		
<input type="checkbox"/> Sent to BIFD	By: _____	Date: _____
<input type="checkbox"/> Address Assigned	By: _____	Date: _____
<input type="checkbox"/> Tidemark Updated	By: _____	Date: _____

BIFD/COBI ADDRESS/ROAD NAME CHECK OFF SHEET

SINGLE FAMILY RESIDENCE/ADU

- _____ 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

NEW/CHANGE ROAD NAME

- _____ Applicant Name, Mailing Address, Phone, Email
- _____ Five Choices for Road Name
- _____ Required Information
 - _____ Tax Parcel Number of each property owner affected by the application
 - _____ Address of each property owner affected by the application
 - _____ Notarized "Owner Agreement for Road Name" form for each property owner affected by the application
 - _____ Map showing road to be named and existing cross streets
 - _____ Documentation regarding applicable planning conditions, short plats, easement grants, and other agreements applicable to this application
- _____ Fee Paid

SHORT PLAT

- _____ Applicant Name, Mailing Address, Phone, Email
- _____ Approved site plan
 - _____ Road name approval or application
 - _____ Road access, including cross street
 - _____ Driveway access
 - _____ Individual lots to be addressed with assigned tax lot numbers
- _____ Fee Paid

COMMERCIAL

- _____ Applicant Name, Mailing Address, Phone, Email
- _____ Approved site plan
 - _____ Road name approval or application
 - _____ Road access, including cross street
 - _____ Driveway access
 - _____ Individual lots to be addressed with assigned tax lot numbers
- _____ Fee Paid