



San Gabriel
CITY WITH A MISSION

APPLICATION FOR NEW OR CHANGE OF ADDRESS

Public Works Department
Engineering Division
917 E. Grand Ave.
San Gabriel, CA 91776

Telephone: (626) 308-2825 Website: www.sangabrielcity.com

Please print legibly

Property Owner's Name: _____ Today's Date: _____

Existing Address Prior to Construction: _____

Proposed Address(es) Include Existing & New: _____

Parcel APN(s): _____

Home Phone: _____ Mobile Phone: _____ Email: _____

Reason:

- New Address in Conjunction with Building Permit (such as ADU or Multi-Unit Construction)
- Personal Preference
- Other _____

Procedure for requesting an address:

1. No fee for new addresses associated with a Building permit.
2. The following document must be provided along with this application:
 - a. Site plan showing adjacent properties and addresses (for more than 2 units)
3. Please allow **3-5 weeks** for processing.
4. **If approved, the property owner must inform all utility companies that provide service to the property.**
The City will notify the Los Angeles County Assessor and the U.S. Postal Service of the address change.
5. The Change of Address fee is **\$726.00**.
6. If the request is not approved, the property owner will be refunded 80% of the fee.

Signature of Property Owner (required)

FOR CITY USE ONLY

Findings by Engineering Division:

- Approved
- Denied

Staff Signature: _____

Print Name and Title: _____

Date of Decision: _____

**Date Received
Application**
(CD date stamp here)