

# TOWN OF HILLSBOROUGH

SAN MATEO COUNTY

DEPARTMENT OF  
BUILDING AND PLANNING  
(650) 375-7411  
FAX: (650) 375-7415



1600 FLORIBUNDA AVE.  
HILLSBOROUGH  
CALIFORNIA  
94010

## CHANGE OF ADDRESS

### Procedures and Policy

#### PROCEDURE

1. Submit written request, with reasons for the address change, along with the application/processing fee per the current fee schedule for an existing home and additional fees for a vacant lot.
2. The address change request is reviewed by Town staff (Community Services, Police, Fire):
  - a. The address change can be approved by staff if there are no safety concerns. If the change of address is approved, the applicant is notified in writing with copies to Town departments, affected County agencies, and public utilities.
  - b. If a change of address poses safety concerns, approval will be denied and the applicant is notified in writing.
  - c. If the applicant wishes to appeal Town staff's decision, the City Manager/Council will consider the appeal upon payment of an appeal fee per the current fee schedule.

#### POLICY

To minimize staff time spent changing Town documentation of records, files and maps, approved address changes will only be processed and become effective on January 1, April 1, July 1 and October 1 of each year.

If there are safety concerns, the address change request will be denied. If there are no safety concerns, staff can approve the request subject to the following conditions:

1. The new address must be in numerical sequence.
2. Even and odd address numbers are on opposite sides of the street.
3. The Town has final authority to approve/select the new address number.
4. A standard condition of approval shall be the requirement to prominently display the lighted address number at the street, with the location subject to approval by the Fire and Police Departments.

If an address change is approved and the applicant does not wish to wait for the quarterly approval dates and would like the change to be processed and effective as soon as possible, the applicant shall bear the cost of Town staff time required to change official records, files and maps (additional fees for an accelerated process are per the current fee schedule).

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## CHANGE OF ADDRESS APPLICATION

<b>TO BE COMPLETED BY APPLICANT</b>	Complete the Street Address Change Application form and submit it along with the required processing fee per the current fee schedule. Address change requests are reviewed at the end of each quarter. We will notify you as soon as each department has responded to the requested change.		
	<b>Applicant Name:</b> _____	<b>Phone No.:</b> ( ____ ) ____ - ____	
	<b>Current Address:</b> _____		
	<b>Proposed Address:</b> _____		
	<b>APN # (Must be filled out)</b> _____ - _____ - _____		
	<b>Reason for Proposed Change:</b> _____		

<b>TO BE COMPLETED BY TOWN STAFF</b>	Please review the enclosed request for address change and make your recommendations below. Attach sheets for additional comments/conditions.			
	Please return the completed form to the City Engineer by:			
	APN # _____ - _____ - _____			
	DEPT.	SIGNATURE	APPROVAL (YES/NO)	COMMENTS/CONDITIONS
	FIRE			
	POLICE			
PUBLIC WORKS				