



APPLICATION FOR ADDRESS CHANGE

Contact Planning & Development (864) 467-4476

Office Use Only:

Application# _____ Fees Paid _____

Date Received _____ Accepted By _____

Date Complete _____

*Indicates Required Field

APPLICANT INFORMATION

*Applicant Name:	
*Business Name:	
*Address:	
*State:	
*Zip:	
*Phone:	
*Email:	

PROPERTY INFORMATION

*CURRENT ADDRESS (ES) _____

*TAX MAP # (S) _____

*TYPE OF PROPERTY ____ Single-Family ____ Multi-Family ____ Commercial ____ Mixed-Use

*REASON FOR REQUEST _____

PROPERTY OWNER INFORMATION

*Property Owner Name:	
*Address:	
*State:	
*Zip:	
*Phone:	
*Email:	

CONSENT

- The Applicant affirms that all information submitted with this application, including any/all supplemental information, is true and correct to the best of their knowledge and have provided full disclosure of the relevant facts.

_____ *APPLICANT SIGNATURE

_____ *DATE

- The Property Owner affirms and gives consent to the applicant to request an address change for the property(ies) listed above, and that all information submitted with this application, including any/all supplemental information, is true and correct to the best of their knowledge and have provided full disclosure of the relevant facts.

_____ *PROPERTY OWNER SIGNATURE

_____ *DATE