



City of Bismarck
 Community Development Department
 Building Inspections Division
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REQUEST FOR ADDRESS CHANGE APPLICATION

Last Revised 11/3/2017

1. APPLICATION INFORMATION			
Name of applicant or Applicants agent:			
Contact Person:			
Phone Number:			
Email Address:			
2. PROPERTY LOCATION			
Property Address:			
Legal Description	Block:	Lot:	
Subdivision Plat Name:			
Parcel Number (If known):			
Property type	<input type="checkbox"/> Single Family	<input type="checkbox"/> APT/CONDO	<input type="checkbox"/> Commercial
General Description of Location:			
Reason for Address Change Request:			
<input type="checkbox"/> New Construction	<input type="checkbox"/> Numbering out of sequence	<input type="checkbox"/> Lot Modification	<input type="checkbox"/> Other (please explain)

I certify that all information and statements provided on this application and all other documents submitted along with this application are true and correct. I further certify that all inquiries are made with the full knowledge of the owners of the property and all related parties.

Signature

Date