



City of Union City – Economic and Community Development Department  
**Building Division**  
 34009 Alvarado-Niles Road  
 Union City, CA 94587  
 (510) 675-5313  
 Fax (510) 475-7318

## REQUEST FOR A NEW OR CHANGE OF AN ADDRESS

**PROCESS:** To request a new address or change of an address, the following shall be submitted to the Building Division along with this completed form:

- The appropriate fee payable to the City of Union City.
- A site plan displaying the dimensions, show the entire parcel, easements and north arrow, building footprint with dimensions to property line and addresses of adjacent properties.
- Processing of the new address or change of address request can take 2-3 weeks. Written approval will be mailed directly to the property owner.

**APPLICANT:**

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
 Address: \_\_\_\_\_ Alternative #: \_\_\_\_\_  
 \_\_\_\_\_  
 E-Mail Address: \_\_\_\_\_

**Address and Assessor’s Parcel Number of Subject Property:**

Address: \_\_\_\_\_, *(if available)*  
 Parcel #: \_\_\_\_\_

Existing Use of Property: \_\_\_\_\_

Present Zoning: \_\_\_\_\_ Approximate Size of Property: \_\_\_\_\_

Reason for Requested Address Change or New Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Preferred Address Number(s): \_\_\_\_\_

Addresses of Adjacent properties:  
 \_\_\_\_\_  
 \_\_\_\_\_

*I HEREBY CERTIFY that all the information contained in this application is, to my knowledge and belief, true and correctly represented.*

\_\_\_\_\_  
*Signature of Property Owner*

\_\_\_\_\_  
*Signature of Authorized Agent*

**ADDRESS ASSIGNED:** \_\_\_\_\_, Union City, CA 94587

**DATE ASSIGNED:** \_\_\_\_\_ **BY:** \_\_\_\_\_

**DENIED:** \_\_\_\_\_  
*Signature, Date*