



DEPARTMENT OF COMMUNITY DEVELOPMENT

621 Sheridan Street, Port Townsend, WA 98368
 Tel: 360.379.4450 | Fax: 360.379.4451
 Web: www.co.jefferson.wa.us/communitydevelopment
 E-mail: dcd@co.jefferson.wa.us

NEW ADDRESS APPLICATION

Steps in the Permit Process:

1. Fill out application.
2. Submit application, site plan (see page 2 of this application) and fees:
 - a. Your application may be submitted to the email address above, by mail, or in person at our office located at the address above;
 - b. Fees may be submitted as indicated on page 2;
 - c. Review may trigger your road to be named. For more details about this process, please visit this link: <https://www.co.jefferson.wa.us/FAQ.aspx?QID=561>.
3. Flagging tape will be provided to you to mark your driveway entrance.
4. **New driveway must be flagged with flagging tape received from DCD.**

FOR DEPT USE ONLY					
Property Owner Name: _____			Receipt #: _____		Date: _____
Related Application #s: _____			Payment #: _____		
DIFF	LEFT	M.P.	RIGHT	DIFF	Notes
Tidemark Entry: _____		Road database entry: _____		Post Office: _____	
New Address: _____			Date plates req'd from PW: _____		
Road Naming? <input type="checkbox"/> Yes <input type="checkbox"/> No		MLA # _____		# of Plates: _____	

- New Address
 Address Correction
 Change of Address

Property Information	
Assessor Tax Parcel Number: _____	
Parcel Address (if applicable): _____	City _____
Directions to Property: _____	
Name of street(s) from which access will be gained: _____ Cross Street _____	
Is this a government road? <input type="checkbox"/> Yes <input type="checkbox"/> No	
*If your driveway access is from a state highway or public road, you will need a state highway Access Permit or Road Approach permit before we can issue an address. Please list your County or State Permit # below.	
County or State Permit #: _____	
*ROAD APPROACH OR STATE HWY ACCESS PERMITS ARE REQUIRED IF YOUR DRIVEWAY IS OFF A COUNTY OR STATE ROAD. Please contact Public Works at (360) 385-9160 with questions.	
<ul style="list-style-type: none"> • Jefferson County: https://wa-jeffersoncounty.civicplus.com/445/Right-of-Way-Permits or (360) 385-9160 • State: https://www.wsdot.wa.gov/Design/DevelopmentServices/AccessPermitGuidelines.htm or (360) 757-5961 	

Property Owner	
Name:	_____
Address:	_____ City, State ZIP: _____
Phone #:	_____ E-mail Address: _____

Alternate Contact	
Choose One:	<input type="checkbox"/> Applicant <input type="checkbox"/> Contractor <input type="checkbox"/> Authorized Agent <input type="checkbox"/> Representative
Name:	_____
Address:	_____ City, State ZIP: _____
Phone #:	_____ E-mail Address: _____

Address Plate Receipt	
<p>I prefer to:</p> <p><input type="checkbox"/> Pick up my address plate <i>(we will email you with pick-up instructions when the address plate is ready to be picked up)</i></p> <p><input type="checkbox"/> Have my address plate mailed to the person listed in the column to the right</p>	<p>Mail plate to:</p> <p><input type="checkbox"/> Property Owner Address</p> <p><input type="checkbox"/> Alternate Contact</p>

Required Submittal Items – be sure to attach the following to your application
<p>Site Plan, showing:</p> <ol style="list-style-type: none"> a. Parcel driveway location, label any driveways as New or Existing; b. Travel path from driveway to the structure; c. If there are multiple structures, the addresses of all existing structures; d. For commercial permits, identify suite numbers for all existing and proposed businesses and identify the business names.

By signing this application form, I attest that the information provided herein, and in any attachments, is true and correct to the best of my knowledge. Any material falsehood or any omission of a material fact that I make with respect to this application packet may result in making any issued permit null and void.

I further agree that all activities I intend to undertake or complete associated with this permit will be performed in compliance with all applicable federal, state and county laws and regulations. I agree to provide access and right of entry to Jefferson County and its employees, representatives or agents for the sole purpose of application review and any required later inspections. If applicable, I may request notice of the County's intent to enter upon the property for visits related to this application and subsequent permit issuance.

Signature: _____ Print Name: _____ Date: _____

Jefferson County will notify the appropriate postmaster, fire district, and emergency services of your new address. We will provide you with a new fire plate and you will be required to install it as directed once the address is assigned.

Permit Fees	
<i>Pay fees via our website, by submitting a check by mail, or in person at our office located at 621 Sheridan Street. Be sure to include your parcel number with all payment forms.</i>	
New Address Permit Fee	\$291.00*
Tech Fee	14.55
TOTAL	\$305.55

* Additional address plates may be requested and are \$20 each.