

**Santa Barbara County Fire Department
Planning and Engineering**

Request for Address Information

Santa Barbara County Fire Department is the agency responsible for issuing and/or changing all addresses within its jurisdiction.

To begin the process of establishing or changing an address, fill out the attached Street Address Application form and return it to:

**Addressing
Santa Barbara County Fire Department
4410 Cathedral Oaks Road
Santa Barbara, CA 93110-1042**

Fees are for new or additional addresses only. There is no charge for address changes or verifications.

\$45.00 for the first address

\$2.00 for each additional address if request is made at the time of the initial address request and the property(s) are adjacent

***Make check payable to Santa Barbara County Fire Department
Include payment with application form***

Upon receipt of your complete application, a fire department inspector will review your request and issue the address or addresses. An address assignment notice will be provided. Please call 805-681-5523 if you have questions.

*If you need further assistance, please call 805-681-5523 regular business days,
Monday through Friday 8 am to 5 pm*

**Santa Barbara County Fire Department
Planning and Engineering**

**4410 Cathedral Oaks Road, Santa Barbara, CA 93110
805-681-5523**

ADDRESS APPLICATION

Date _____

PROPERTY OWNER _____

Mailing Address _____

Fax _____ Telephone _____

Applicant (if different from owner) _____

Mailing Address _____

Fax _____ Telephone _____

ASSESSOR PARCEL NO. (APN) _____ - _____ - _____

ADDRESS TYPE (please check one) _____

- | | | |
|--|---|---|
| <input type="checkbox"/> New Residential | <input type="checkbox"/> Additional Residence(s)* | <input type="checkbox"/> Change Residential |
| <input type="checkbox"/> New Commercial | <input type="checkbox"/> Additional Commercial* | <input type="checkbox"/> Change Commercial |

*ADDRESS TO BE REVIEWED
_____ Street Number/Name

Please provide a drawing or map showing location of access road and relative location of parcel

COMMENTS _____

Copy of Address Assignment to Applicant Owner

PAYMENT \$ _____ Check # _____ or Cash Payment

TO BE COMPLETED BY THE FIRE DEPARTMENT

ADDRESS ISSUED
_____ Street Number/Name Area _____

Inspector _____ Date Issued _____

Comments _____