



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:

- Review required submittal items to ensure all information is completed prior to submitting application.
- Fees will be collected at intake. Additional fees may apply after review and payment is required before permit is issued.

New Address	Correction	Change
For Department Use Only	Receipt #:	Date:
Related Application #s:	Payment #:	

✓ New Driveway must be flagged with flagging tape received from DCD.

FOR OFFICE USE ONLY						
	DIFF	LEFT	M.P.	RIGHT	DIFF	Notes
Tidemark Entry:	Road database entry:			Post Office:		
New Address:				Date plates mailed:		
						# Plates:

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 private road?	Yes No
Neighbor's Name & Address, if known:	
Name/Address:	_____
Name/Address:	_____
Do you need to construct a driveway from road onto your property?	Yes No
County or State Permit #:	

ROAD APPROACH OR STATE HWY ACCESS PERMITS ARE REQUIRED IF YOUR DRIVEWAY IS OFF A COUNTY OR STATE ROAD IN ORDER TO PROCESS ADDRESS REQUEST. Please contact Public Works at (360) 385-9160 with questions.

- State: WSDOT <http://www.wsdot.wa.gov/Northwest/DevelopmentServices/AccessServices.htm> or (360) 757-5961
- County: <https://wa-jeffersoncounty.civicplus.com/445/Right-of-Way-Permits-Vacations> or (360) 385-9160

Property Owner	
Name:	_____
Address:	_____
Phone #:	E-mail Address: _____
_____ Please contact Authorized Agent/Representative with project info.	

Applicant / Contractor: Authorized Agent/Representative	
Name:	_____
Phone #:	E-mail Address: _____
License #:	Expiration Date: _____

Required Submittal Items – use column on left to check off items included with your submittal	
	Copy of a site plan, showing: <ol style="list-style-type: none"> a. If there are multiple structures, the addresses of all existing structures b. For commercial permits, identify suite numbers for all existing and proposed businesses and identify the business names. c. Parcel driveway location, label any driveways as new or existing d. Travel path from main named county road to the driveway, then the structure

By signing this application form, the owner/agent attests that the information provided herein, and in any attachments, is true and correct to the best of his, her or its knowledge. Any material falsehood or any omission of a material fact made by the owner/agent with respect to this application packet may result in making any issued permit null and void.

I further agree to 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 and 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. Applicant 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 on your property once the address is assigned.

OFFICE USE ONLY	
Permit Fees	
New Address Permit Fee	\$288.00*
Tech Fee	14.40
TOTAL	\$302.40

*Additional fees may apply