

# CITY OF TERRACE MAPPING DEPARTMENT



## ADDRESSING REQUEST FORM

Please be advised that the City of Terrace Mapping Department assigns all addresses for homes, businesses, buildings and properties within the City boundaries. Therefore, in order to ensure your address complies with our bylaws, please complete the form portion below and return it to the attention of the Mapping Department along with a site plan approved by the Building Department. In addition, if applicable, please ensure all your sub-trades use the approved address when making application to the Utility companies

### SECTION 1: PROPERTY INFORMATION

Date: \_\_\_\_\_

Property Owner: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

Single Family

Duplex

Secondary Suite

Other \_\_\_\_\_

New Business/Name (Fill Section 2)

Business Relocation (Fill Section 2)

### LEGAL DESCRIPTION

Lot: \_\_\_\_\_ Block: \_\_\_\_\_ Plan: \_\_\_\_\_ DL: \_\_\_\_\_

### SECTION 2:

Business Name: \_\_\_\_\_ Email: \_\_\_\_\_

Business Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_

Previous Civic Address: \_\_\_\_\_  
(If Applicable)

Anticipated Civic Address: \_\_\_\_\_  
(Yet to be approved by the City)

Move in Date: \_\_\_\_\_

Additional Info: \_\_\_\_\_

Personal information contained on this form is collected under the Freedom of Information and Protection of Privacy Act, and will be used only for the purpose for which it was collected. If you have any questions about the collection and use of this information, contact the City's Freedom of Information Co-ordinator at (250)638-4721.

### OFFICE USE ONLY

DATE: \_\_\_\_\_

APPROVED ADDRESS FOR THE ABOVE PROJECT IS:

\_\_\_\_\_

\_\_\_\_\_  
Mapping Department Signature