



Development Services Department

320 E Jefferson Blvd, Dallas TX 75203
(214) 948-4480

APPLICATION FOR ADDRESS ASSIGNMENT OR ADDRESS CHANGE

Date: _____

Request Details

Type of Request (check all that apply):	<input type="checkbox"/> New Base Address <input type="checkbox"/> New Suite Number <input type="checkbox"/> New Final Plat Addressing <input type="checkbox"/> Address Change <input type="checkbox"/> Verification of Existing Address
Land Use:	<input type="checkbox"/> Single Family <input type="checkbox"/> Duplex <input type="checkbox"/> Multifamily <input type="checkbox"/> ADU <input type="checkbox"/> Non-Residential <input type="checkbox"/> Other:

Current Address (If known): _____

Proposed Address: _____

DCAD Account #: _____

Lot: _____ Block: _____

Subdivision Name/S File#: _____

Plat Status: Preliminary Final Platted

List Property Street Frontage(s): _____

Describe Reason for Request: _____

Address Assignment or Reassignment Fees

- Individual Address or Suite, One-and-two family dwellings _____ x \$50
- 0-5 Buildings and or Addresses on site _____ x \$100
- 6-10 Buildings and or Addresses on site _____ x \$75
- 11+ Buildings and or Addresses on site _____ x \$50

Total Fees \$ _____

Applicant/Owner Details

If applicant is not owner, attach authorization letter to application

Owner Name: _____ Phone _____ Email _____

Mailing Address _____

Applicant (If other than owner) _____

Mailing Address: _____

Documentation Checklist

Phone _____ Email _____

Site Plan Floor Plan Key Plan Copy of Plat

Letter of Authorization from Property Owner Other: _____

OFFICE USE ONLY	
Official Assigned Address(es):	
Date Assigned:	
Reviewed by:	
Date and time reviewed:	
Outcome:	<input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Approved subject to conditions:
List Attachments	
Total Fees Due:	\$

Revised 4/25/2024