

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 (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