



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:

1. Fill out application
2. Submit application, Site Plan, and fees
 - a. Your application may be submitted to the email address above, by mail, or by dropping it in the dropbox outside of our office located at the address above. Emailed applications are the preferred method of receipt.
 - b. Fees may be submitted as indicated on page 2 of this application.
 - c. Additional fees may apply after review; payment is required before permit is issued.
 - d. Review may trigger your road to be named. For more details about this process, please visit this link: <https://www.co.jefferson.wa.us/FAQ.aspx?QID=561>.
3. Flagging tape *may* be sent to you if the entrance to your driveway is unclear
4. Address is assigned, agencies are notified, and red address plate is given to person indicated on the application

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 req'd from PW: _____

Road Naming? Yes No MLA # _____ # Plates: _____

New Address Address Correction Change of Address

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? <input type="checkbox"/> Yes <input type="checkbox"/> No
If your driveway is off of a state highway or public road you will need a state highway Access Permit or Road Approach permit.* If you answered "no" to the question above, please list your County or State Permit #.
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.
<ul style="list-style-type: none"> State: WSDOT https://www.wsdot.wa.gov/Design/DevelopmentServices/AccessPermitGuidelines.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:	_____ City, State ZIP: _____
Phone #:	_____ E-mail Address: _____
<input type="checkbox"/> Please direct all project inquiries to the alternate contact listed below.	

Alternate Contact	
Choose One:	<input type="checkbox"/> Applicant <input type="checkbox"/> Contractor <input type="checkbox"/> Authorized Agent <input type="checkbox"/> Representative
Name:	_____
Address:	_____ City, State ZIP: _____
Phone #:	_____ E-mail Address: _____

Address Plate Receipt		
I prefer to: <input type="checkbox"/> Pick up my address plate <i>(we will email you with pick-up instructions when the address plate is ready to be picked up)</i> <input type="checkbox"/> Have my address plate mailed to the person listed in the column to the right	Mail plate to: <input type="checkbox"/> Property Owner Address <input type="checkbox"/> Alternate Contact <input type="checkbox"/> Other <i>(list Other mailing address in the column to the right)</i>	Other mailing address:

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

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 as directed once the address is assigned.

Permit Fees	
<i>Pay fees online using our payment portal located at: https://www.co.jefferson.wa.us/617/Credit-Card-E-Check-Payments-for-Permits, by submitting a check by mail, or by dropping it in the dropbox outside of our office located at 621 Sheridan Street.</i>	
New Address Permit Fee DCD012	\$306.00*
Tech Fee DCD003	15.30
TOTAL	\$321.30

*Additional fees may apply. Additional address plates may be requested and are \$20 each.