

## Addressing Checklist

Please complete the following and upload via the CityView Portal with your project submittal. Items marked with (\*) are required for every application, other items may not apply to every project.

Forms are valid for 6 months following their submittal; an updated form will be required for a new submittal after that timeframe and any time the properties within the project boundary are modified.

\* **Applicant Name:** \_\_\_\_\_

\* **Telephone:** \_\_\_\_\_ \* **Email:** \_\_\_\_\_

## Location Information

Attach additional sheets as necessary

\* **Parcel ID Number(s) (folio):** \_\_\_\_\_

\* **Legal Description:** \_\_\_\_\_

**Street Address(es), if assigned:** \_\_\_\_\_

## Project Information

Acceptance of this form does not constitute project and/or street name approval and is subject to further review by the Addressing Official. Pre-approval of project name and/or street name may be requested by contacting us at [GMD\\_Addressings@collier.gov](mailto:GMD_Addressings@collier.gov) or 239-252-2482 prior to your submittal.

**Current Project Name:** \_\_\_\_\_

**Proposed Project Name:** \_\_\_\_\_

**Proposed Street Name(s):** \_\_\_\_\_

**Latest Approved Project Number** [e.g., SDP-94-##, PPL-2002-AR-####, PL2017000####]: \_\_\_\_\_

## Submittal Requirement Checklist

REQUIREMENTS FOR REVIEW:	Required:
LOCATION MAP and/or SURVEY showing the proposed project boundary.	<input checked="" type="checkbox"/>
List of additional folio numbers and associated legal descriptions, optional	<input type="checkbox"/>
E-mail from Addressing Official for any pre-approved project and/or street names, optional	<input type="checkbox"/>