LIVINGSTON
NEW JERSEY
PLANNING DEPARTMENT

ADDRESS CHANGE APPLICATION

As required by Ordinance 4-2010, this application form must be submitted along with photos of the residence showing where the main entrance or entrances are located, a current survey and a non-refundable fee of $125.00.

CURRENT ADDRESS _____

BLOCK _____ LOT _____

APPLICANT _____ PHONE _____

OWNER (If different from Applicant) _____

PROPOSED / REQUESTED NEW ADDRESS _____

REASON FOR ADDRESS CHANGE REQUEST

_____

_____

_____

_____

_____

I hereby affirm that all of the above statement and statements contained in the papers submitted herewith are true.	I hereby affirm that I am the owner of the premises involved in this application and that I consent to the filing of the application.
Signature of Applicant ***Date***	***Signature of Owner*** ***Date***
Address	***Address***

FOR OFFICE USE ONLY

COMPLETED & APPROVED BY _____ **DATE** _____