

Overview:

This document may be used to make an application to change your address in accordance with the Vancouver Building By-law. For more information, please refer to our webpage:

vancouver.ca/addressing

To Submit Your Application

Download and complete the Change of Address Application Form. Submit the completed form and all applicable documents by email to address.coordinator@vancouver.ca.

In addition to the application form, you may also need to include an Owner's Authorization Form (accessible on Vancouver.ca/addressing) for the submission to be considered complete. These are required for applications that are submitted by a third party (i.e. anyone other than the registered property owner).

Who to contact for more information:

If you would like more information or require this application to be accessible in an alternate format, please email us at address.coordinator@vancouver.ca, or call 3-1-1 and request to speak with an Addressing Coordinator.

Current Address(s)

Street No.	Street Name	Suite/Unit No.
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Type of Request

<input type="checkbox"/> Change existing building address and/or suite number <input type="checkbox"/> Create a new address for an existing/approved secondary suite
<p>If application is to change existing building address and/or suite number, please provide the reason for why you feel the change is necessary:</p> <input type="checkbox"/> There is a major problem getting access to the building in case of Emergency Response, Canada Post or other delivery services. <input type="checkbox"/> An error was made in assigning the original number.
<p>Please describe in detail the access issues you believe necessitate an address change (we recommend you also attach pictures or a map illustrating the issue with the application), or clarify the error you believe was made when the original addressing was assigned:</p>

Proposed Address(s) (only applicable if requesting change to existing address)

Street No.	Street Name	Suite/Unit No.		
Future Possession Date (if applicable)				
Is this Change of Address Request related to new construction/alterations?				
<input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, indicate BP/DB Permit Number: _____)				
Lot	Block	District Lot	Plan	PID

Applicant Information

First Name		Last Name		
Company Name (if applicable)				
Street No.	Street Name	Suite/Unit No.		
City/Town		Province	Postal Code	
Primary Telephone No.		Secondary Telephone No.	Email	
Applicant is (select one)				
<input type="checkbox"/> Owner <input type="checkbox"/> Agent for Owner <input type="checkbox"/> Tenant <input type="checkbox"/> Other (specify) _____				

Signature of Applicant: _____ **Date:** _____

For Office Use Only – Update Systems:

AMANDA: _____ POSSE: _____