

Application Number:	
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APPLICANTS DETAILS			
APPLICANTS NAME			
APPLICANTS ADDRESS			
POSTCODE			
CONTACT TEL NUMBER		E:MAIL	

TYPE OF APPLICATION	HOW MANY plots, units, streets	COMPLETE THE FOLLOWING SECTIONS ON THIS FORM:
<b>NEW DEVELOPMENT</b>		
Number or name a property		1, 2, 3, 4, 10
New Street Name		1, 2, 3, 5, 10
<b>CHANGES TO ADDRESSES</b>		
Renaming or renumbering an existing address		1, 2, 6, 10
Changing a street name (where its occupied) (Please indicate no. of properties affected)		1, 2, 7, 10
Changing a street name (where it's unoccupied eg after its been officially named/unofficial addressing has been used)		1, 2, 7, 10
<b>QUERIES</b>		
Provision of official address confirmation		1, 2, 8a, 10
Request to investigate any address anomaly		1, 2, 8b, 10
<b>OTHERS</b>		
Plot to Postal address		1, 3, 10
Correction to Council's records		1, 2, 9, 10

An Administration fee of £50 may be retained if work is undertaken. Please see the Refund Section on the [Postal Addressing Web Page](#).

**SECTION 1 - ADDRESS (Please tick/complete as appropriate)**

Site or current address if re – addressing/conversion/query	
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**SECTION 2-OWNERSHIP/CONSENT**

Are you the Owner?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	OTHER (please state)	
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If you have responded 'NO' or 'OTHER' Please tick here if you are submitting consent forms from the owner(s)	<input type="checkbox"/>
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**SECTION 3 – APPROVAL REFERENCES**

New developments including conversions, please provide:-	
Planning application reference number	
Building Regulations reference number	
Expected completion date	

**SECTION 4 –PROPOSED NEW NAMES/NUMBERS (please note we will number properties in accordance with Addressing Guidelines. (Please use a separate sheet if required.)**

Which street will the properties front doors face onto?					
Plot No.	Name/No.	Plot No.	Name/No.	Plot No.	Name/No.

**SECTION 5- NEW STREET NAMES**

Please provide 3 proposed names for each new street, in order of preference and the reasons you have chosen the names. (Please use a separate sheet if required.)

STREET NAME 1	STREET NAME 2
1.	1.
2.	2.
3.	3.
REASON	REASON

**SECTION 6 – CHANGE TO PROPERTY NAME OR NUMBER**

<b>Full address of existing property (incl. postcode) :</b>				
<b>Proposed address of existing property:</b>				
<b>Reason for change:</b>				
<b>Will this affect any other property?</b>	<b>YES</b>	<input type="checkbox"/>	<b>NO</b>	<input type="checkbox"/>
<b>If 'YES' have all other properties provided consent and are you submitting this evidence with your application?</b>	<b>YES</b>	<input type="checkbox"/>	<b>NO</b>	<input type="checkbox"/>

**SECTION 7- CHANGE TO STREET NAME**

<b>Name of existing street</b>	<b>Proposed name of street</b>			
<b>Reason for change:</b>				
<b>Is the street already occupied?</b>	<b>YES</b>	<input type="checkbox"/>	<b>NO</b>	<input type="checkbox"/>
<b>If 'YES' have two thirds of the Council Tax Payers on the street provided their consent and are you submitting this evidence with your application?</b>	<b>YES</b>	<input type="checkbox"/>	<b>NO</b>	<input type="checkbox"/>

**SECTION 8 – QUERIES – a) Confirmation of official address b) Investigation of addressing anomaly.**

<b>a) Do you seek an official address notification to be sent to yourself and other organisations for the address at SECTION 1</b>	<b>YES</b>	<input type="checkbox"/>	<b>NO</b>	<input type="checkbox"/>
<b>If 'NO' Please explain your query</b>				
<b>b) Please explain your addressing anomaly</b>				

## SECTION 9 –CORRECTION TO COUNCIL RECORDS

Please explain the correction that needs to be made.

## SECTION 10 - CHECKLIST

Please use this checklist to ensure you are submitting all required information to progress your application. Failure to do so will result in your application not being progressed and being disposed of after 4 weeks from receipt. We will not follow up with applicants if required information is missing.

Please indicate all the documents that you will be submitting:-

Completed form (please check that all relevant sections have been completed)	<input type="checkbox"/>
A site plan, at Scale 1:1250 with the property(s) edged in red and/or at 1:500	<input type="checkbox"/>
If you are proposing a change to the street name have you indicated the extent of the street to be changed on a plan?	<input type="checkbox"/>
If you are proposing a change to an address or have a query, have you indicated on a plan which property(s) is to be changed, where the main access to the property is and where the main delivery point ie letter box is?	<input type="checkbox"/>
Where your application could affect other people's addresses have you got their consent forms?	<input type="checkbox"/>
If you are proposing a change to an occupied street name – have you got consent forms for two thirds of the Council Tax Payers on the street?	<input type="checkbox"/>

Prior to submitting your application, please read the [Privacy Notice](#) for this service as it explains how we will deal with your personal information.

Please submit your application and other documents to [postal.addressing@calderdale.gov.uk](mailto:postal.addressing@calderdale.gov.uk)

We will confirm the relevant charge and provide a reference number when we acknowledge your application. You can then pay by credit / debit card online, please select the link below. Please do not make payment until you receive your reference number.

### [Pay for Postal Addressing Services](#)

- from the list, select **Miscellaneous Payments**
- then select **Postal Addressing Service**
- then select **Postal Addressing Application or Query**

Please note we do not accept cheques.

If payment isn't received within 28 days of submission, your application will not progress and will be disposed of. A new application will be required should you wish to proceed.