



ADDRESSING APPLICATION

Instructions

Information about addressing and submittal requirements can be found in the [addressing manual](#) located online at <https://www.maranaaz.gov/developmentservices>.

- Applicants can submit electronically by email. Please follow the Information resource on "[How to Submit Electronically](#)."
- Submit the completed application along with all forms and attachments electronically by email to addressing@maranaAZ.gov. If means to submit electronically are unavailable, applicants can submit in person using a print copy to:
Development Services
Marana Municipal Complex, Second Floor
11555 W Civic Center Dr. Building A2
Marana, AZ 85653
- The application and review status can be obtained by email or phone using the contact information listed below.
- Address certificates will be provided via email to the applicant listed on the application.

Payment

Fee information can be found online at maranaAZ.gov/finance. An invoice will be provided by email to the applicant for payment. Payment can be made in the form of credit card, cash or check payable to the Town of Marana.

- Credit card over the phone, please call (520) 382-2600
- In person or by mail, please send checks to:
Town of Marana, Cashiering
11555 W Civic Center Dr. Building A2
Marana, AZ 85653

Licensing Time Frame

Pursuant to and subject to A.R.S. § 9-836 (2019), the Town of Marana hereby establishes its licensing time frames, available [here](#).

Contact Information

For questions about this form, please contact Scott Radden by email at addressing@maranaAZ.gov or call (520) 382-2600.

**ADDRESSING APPLICATION****PROPERTY INFORMATION**

Street Name (Existing address if applicable):

Describe Property Location – **Attach Map** (Include nearby intersecting streets and property access):

Tax Code No.(s):

Township-Range-Section:

Subdivision Plat Name:

Sequence #

Lot/Building No.:

Block No.:

Property Type: ☐ Single Family Residence ☐ Apartment/Condominium ☐ Mobile Home ☐ Commercial**CONTACT INFORMATION****Owner:**

Contact Name:

Address:

City:

State:

Zip:

Email:

Phone No.:

Owner Signature (Required for address change)

Date

Applicant:

Contact Name:

Address:

City:

State:

Zip:

Email:

Phone No.:

REASON FOR REQUEST☐ Existing Out of Sequence☐ New Construction (Attach Approved Site Plan or Plat)☐ Right of Way Permit☐ Split/Combination (Attach Recorded Deed & Town of Marana Approval)☐ Other (Please Explain): _____**APPLICANT AUTHORIZATION**

By signing below, I hereby acknowledge that I have read the information provided online at maranaaz.gov/arsnotice and certify that the information set forth in this application are true and correct to the best of my knowledge. I am either the owner of the property or I have been **authorized in writing** by the owner to file this application. (If the applicant is not the owner, attach [written authorization from the owner](#))

Applicant Name (PRINT)

Signature

Date

FOR OFFICIAL USE ONLY

Permit/Project No. _____

Date Received _____

New Address _____

City/Town: _____

Zip Code: _____

Issued Date/By: _____

Revision Date 05/16/2023