STREET NAME CHANGE APPLICATION

S.N. No. _____________

Applicant / Agent / Owner: _______________________________________________________

Mailing Address: ________________________________________________________________

Telephone Number: ____________  Fax Number: ____________  E-mail ____________

TO BE COMPLETED BY PLANNING AND SUSTAINABILITY DEPARTMENT

Map Reference ______________  Date Approved ______________

Date Received ______________  Fee Paid ______________

Commission District ___________________________________________________________

Existing Street Name ___________________________________________________________________

Proposed Street Name ___________________________________________________________________

The following information must be attached to the application:

1. A written petition bearing signatures of a minimum of 51 percent (%) of the property owners fronting said street. The property owners signing shall also constitute a minimum of 51 percent (%) of the linear street frontage. Linear street frontage shall include frontage of properties that abut both sides of the street right-of-way.
2. Map showing street or portion of street affected by change.

Reason for requesting change (Attach additional information if needed.)

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

SIGNATURE ___________________________  DATE ______________