Government Services Center 178 Sams Street Decatur, GA 30030 www.dekalbcountyga.gov

## **DEPARTMENT OF PLANNING & SUSTAINABILITY**

Chief of Executive Officer Lorraine Cochran-Johnson

<u>Director</u> Juliana A. Njoku

## STREET NAME CHANGE APPLICATION

	S.N. No
Applicant / Agent / Owner:	
Mailing Address:	
Telephone Number:	E-mail:
	ED BY PLANNING & SUSTAINABILITY DEPARTMENT
Map Reference:	
Date Received:	Fee Paid:
Commission Districts:	<del>_</del>
Existing Street Name:	
Proposed Street Name:	
<u>The followi</u>	ing information must be attached to the application:
The property owners signing sha	tures of a minimum of 51 percent (%) of the property owners fronting said street. all also constitute a minimum of 51 percent (%) of the linear street frontage. Linear strage of properties that abut both sides of the street right-of-way.
2. Map showing street or portion of	street affected by change.
eason for requesting change (Attach add	itional information if needed.):
gnature:	Date: