



APPLICATION

CHANGE OF STREET NAME

_____ Planning Commission Hearing

_____ City Council Hearing



APPLICATION

CHANGE STREET NAME: _____

[must use black ink or type]

LOCATION: _____

TAX MAP REFERENCE: _____ ZONE: _____

APPLICANT'S NAME: _____

ADDRESS: _____

REASON FOR REQUEST TO CHANGE A STREET NAME: _____

Print Name of Applicant or Agent

Signature

Mailing/Street Address

Telephone #

Fax #

City and State Zip Code

Date

For New Street Names and Change of Street Names: These items are not public hearing items and therefore are not required to be noticed by newspaper, posting, or letters to adjoining owners. However, it is the policy of P&Z to advertise in the newspaper and post the site, but not to mail out notices.

New Street Names are heard by PC only.

Change of Street Names are heard by PC and CC.

DO NOT WRITE IN THIS SPACE - OFFICE USE ONLY

Application Received: _____

Fee Paid: \$ _____

Legal advertisement: _____

ACTION - PLANNING COMMISSION _____

ACTION - CITY COUNCIL: _____