



APPLICATION

NEW STREET NAME

LOCATION: _____

TAX MAP REFERENCE: _____ ZONE: _____

APPLICANT'S NAME: _____

ADDRESS: _____

REASON FOR REQUEST FOR NEW STREET NAME:

I affirm that I, the applicant or authorized agent, am responsible for the processing of this application and agree to adhere to all the requirements and information herein.

Print Name of Applicant or Agent

Email Address

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. See '[Noticing Requirements](#)' for Instructions.

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: _____
Legal advertisement: _____
Fee Paid: \$ _____

ACTION - PLANNING COMMISSION: _____
ACTION - CITY COUNCIL: _____