Checklist for All Street or Road Name Change Applications

A completed street or road name change application requires the following information. Please initial to signify that the requested information has been provided.

	Applicant Initials	Staff Initials					
A copy of this Application Checklist, completed by the applicant.							
A completed and signed Application Form.							
Letters of Agency for all applications where the applicant is not the owner of the subject property							
Approval from Richland County E 9-1-1 Addressing Coordinator							
Payment of the required fee (see Unified Development Ordinance Fee Schedule)							
A map indicating the location of the street or road that is the subject of the application.							
Written Consent from the majority of the property owners on the street or road being renamed							
For staff use only							
Date received (M/D/Y):/ By:							

1	Δr	m	licant	Info	rmation
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1. Applicant illiormation		
Name		
Company (if applicable)		
Address (street, city, state, zip)		
Phone	Email	
2. Current Street or Road		
Street or Road Name		
First Endpoint		Second Endpoint
3. Location of Street or Ro	ad	
Please include a map that identifies the		s the subject of this application.
4. Proposed New Street or	Road Name	

5. Statement of Purpose

Does the current name of the street or road cause duplication of names or other conditions which tend to confuse the traveling public or the delivery of mail, orders, or messages?	□Yes	\square N o
May a change simplify marking or giving of directions to persons seeking to locate addres	ses? □Yes	\square N o
ease describe any other reasons for the requested name change:		
Applicant Cignoture		
Applicant Signature Date Description	ate	