

# SUBDIVISION NAME CHANGE

**Jurisdiction:**  City \_\_\_\_\_ Councilmanic District  County \_\_\_\_\_ Commission District

**Date Filed:** \_\_\_\_\_ **Fee Paid:** \_\_\_\_\_ **File Number:** \_\_\_\_\_

**Map Number:** \_\_\_\_\_  City  County Sector: \_\_\_\_\_

**Name of Applicant:** \_\_\_\_\_

<b>NAME:</b>
Present Subdivision Name: _____  Proposed Subdivision Name: _____
<b>REASON FOR PROPOSED CHANGE:</b>
_____ _____ _____
<b>GENERAL LOCATION OF SUBDIVISION:</b>
_____ _____ _____
<b>PLANNING COMMISSION POLICY REQUIRES THAT:</b>
1. All affected property owners and tenants be given an opportunity to express their opinion concerning a subdivision name change.  2. The opinions expressed must be filed with and become a part of the application for change.  <p style="text-align: center;"><i>The Subdivision Name Change Canvass Form must be completed before the application can be accepted.</i></p>
<b>ALL CORRESPONDENCE RELATING TO THIS APPLICATION SHOULD BE SENT TO:</b>
_____ Name: (Print)      Address      •      City      •      State      •      Zip      •      Phone      •      Fax
<b>AUTHORIZATION OF APPLICATION:</b>
I hereby certify that I am the authorized applicant. ALL property owners and tenants affected by this request have been canvassed and have signed on the back of this form.  <p style="text-align: right;">Signature: _____</p>
_____ Name: (Print)      Address      •      City      •      State      •      Zip      •      Phone      •      Fax
<b>APPLICATION ACCEPTED BY:</b>

