

SUBDIVISION NAME CHANGE

Jurisdiction: City _____ Councilmanic District County _____ Commission District

Date Filed: _____ **Fee Paid:** _____ **File Number:** _____

Map Number: _____ City County Sector: _____

Name of Applicant: _____

NAME:
Present Subdivision Name: _____ Proposed Subdivision Name: _____
REASON FOR PROPOSED CHANGE:
_____ _____ _____
GENERAL LOCATION OF SUBDIVISION:
_____ _____ _____
PLANNING COMMISSION POLICY REQUIRES THAT:
<ol style="list-style-type: none"> 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>
ALL CORRESPONDENCE RELATING TO THIS APPLICATION SHOULD BE SENT TO:
_____ Name: (Print) Address • City • State • Zip • Phone • Fax
AUTHORIZATION OF APPLICATION:
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
APPLICATION ACCEPTED BY:

