



CITY OF SPRINGFIELD
COMMUNITY DEVELOPMENT DEPARTMENT
PLANNING & ZONING DIVISION

STREET RENAMING APPLICATION

Date _____

Applicant Name: _____

Phone: _____

Address: _____

Please attach the following Exhibits:

The undersigned petitions to rename the street as described in Exhibit A.

Exhibit A

A plot plan is to be attached depicting the street to be renamed showing the current name of the street and the proposed name for the street.

Exhibit B

Two sets of mailing labels with the names and tax mailing addresses of all property owners on the street to be renamed. (First obtain the permanent parcel numbers from the GIS Office in the A. B. Graham Building; then the property owners' names from the Auditor's Office; and then the property owners' tax mailing addresses from the Treasurer's Office). This is to be attached and made a part of this petition.

Exhibit C

State the reasons for the requested street renaming. (These statements will be considered by the Planning Staff, The City Planning Board, and the City Commission as the request is reviewed.) This is to be attached and made a part of this petition.

I, the undersigned, depose and state that I am an interested party in the street renaming involved in this petition.

Signature