

## Application for Naming / Re-naming Street

Form SN-2019-07

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Ge	no	ra	nfo

We the undersigned property owners/ residents request that the Florence County E9-1-1 Addressing Department, initiate the
necessary steps to name the street on which our residences or businesses abut or will abut.

necessary steps to name the street on	which our residences of bus	onicooco al	out or will abut.			
1. Reason for street name:	-					
2. Location of street to be named:						
3. Legal Description: (Lot, Block, Subd	livision Name & Map Number)	Project T	itle:			
We request that this street be named t not be considered)	he following: (You must sub	mit at least	three choices.	Any petitions with less than 3 will		
1.		4.				
2.		5.				
3.		6.		-		
Owner/Tenant/Permit Holder Info	0			IS DESCRIBED AND THE RESERVE		
5. Property Owner/Lessee Tenant Nar	ne:		Telephone:			
Address:	City:	State:	Zip Code:	E-Mail Address:		
6. Applicant Name: Check one - Prope	rty Owner   Authorized Agent of F	Property Own	er Telephone:			
Address:	City:	State:	Zip Code:	E-Mail Address:		
I understand the following:						
Roads that have been officially na Florence County Council as nece	amed by the Florence County Cou essary, upon the recommendation of	ncil may be c of the Florenc	onsidered for renar e County Planning	ning by the Commission.		
Prior to street names being approduced the determine if there exist any phonopetition, we are not guaranteed the determine the determine in the determine	etic similarities to existing street n	names again ames in all of	st the E9-1-I MSAC Florence County.	G-{Master Street Address Guide) to We understand that by submitting this		
This application must be accompa	This application must be accompanied by a \$100 non-refundable processing fee					
Commission, a non-refundable fil Successful applicants will be requ	ing fee of \$100.00 must be received	ed by the Flor placement fee	ence County Plann not to exceed \$50	00. These fees are established and are		
Applicant's Signature			Date			
Discribe Commission D.	Staff Use	Only	ries systematic			
Planning Commission Date:			Invoice Number:			
County Council Date:			Received by:			

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THERE MUST BE 100% PARTICIPATION OF ALL ADJACENT PROPERTY OWNERS AND ALL PROPERTY OWNERS MUST SIGN THE APPLICATION.								
Property Owner:	Telephone:							
Address:	City:		State:	Zip Code:				
Signature:		Date:						
Property Owner:	Telephone:							
Address:	City:		State:	Zip Code:				
Signature:		Date:		· · · · · · · · · · · · · · · · · · ·				
Property Owner:	Telephone:			476				
Address:	City:		State:	Zip Code:				
Signature:		Date:						
Property Owner:	Telephone:			-				
Address:	City:		State:	Zip Code:				
Signature:		Date:						
Property Owner:	Telephone:							
Address:	City:		State:	Zip Code:				
Signature:		Date:						
Property Owner:	Telephone:							
Address:	City:		State:	Zip Code:				
Signature:		Date:						