



**Leon County
Development Support and Environmental Management
Code Compliance Services Division**

D - 16

Street Location:
 City of Tallahassee
 Leon County
 (Unincorporated area)

Application for Street Name Approval

1. Applicant Name: _____
 Mailing Address: _____
 Telephone Number: _____
 Agent Name: _____
 Mailing Address: _____
 Telephone Number: _____
 Email address: _____

2. A map showing the location of the street proposed for naming or plat drawing must be included and reflect the following information:
 a. Name of subdivision or development: _____
 b. Number of existing buildings accessing the unnamed street: _____

3. Proposed Street Name(s)

All proposed street names must be approved for use by the Leon County Department of Development Support and Environmental Management through the submission of an application. Potential street names can be verified before submitting the application by calling the Addressing Unit at (850) 606-1300. In order to be placed on the Street Name Reserve List, the request must be accompanied by a completed application. There can be no more than twenty-three (23) characters per chosen street name. List each street name, starting with the first choice below.

<u>Direction</u>	<u>Name</u>	<u>Suffix</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

Street naming requested by: Residents Agent Staff

4. Street(s) Developed and Ready for Street Sign Placement: Yes No
 Street Type: Public Private Paved Unpaved

APPLICANT SIGNATURE FORM

I hereby attest that I am a legal owner of property abutting the street that is requested to be named and that I am providing a petition signed by no less than 75% of the legal property owners abutting this roadway, including myself.

Signature: _____ Date: _____
Mailing Address: _____
City, State, Zip: _____
Property Tax ID#: _____
Email address: _____

**STATE OF FLORIDA
COUNTY OF LEON**

Sworn to (or affirmed) and subscribed before me by means of ___ physical presence or ___online notarization, this _____ day of _____, 20____, by _____ who is personally known to me or has produced _____ as identification and who did not take an oath.

Signature of Notary

Print Name

PETITION FORM FOR OTHER PROPERTY OWNERS

1. Signature: _____ Property Tax ID#: _____
Mailing Address: _____
2. Signature: _____ Property Tax ID#: _____
Mailing Address: _____
3. Signature: _____ Property Tax ID#: _____
Mailing Address: _____
4. Signature: _____ Property Tax ID#: _____
Mailing Address: _____
5. Signature: _____ Property Tax ID#: _____
Mailing Address: _____
6. Signature: _____ Property Tax ID#: _____
Mailing Address: _____
7. Signature: _____ Property Tax ID#: _____
Mailing Address: _____
8. Signature: _____ Property Tax ID#: _____
Mailing Address: _____

FOR OFFICE USE ONLY:

DATE RECEIVED AT DSEM: _____

STREET NAME OPTION APPROVED: _____