

Petitioner Initiated Street Naming / Renaming Application

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| <p>Directions: Please fill out this form completely. Any omissions may cause the application to be delayed or rejected. The street naming/ renaming process may take 45-90 days. Return completed application to Addressing staff. Applications must be complete, including additional supporting materials, as necessary, and all fees paid prior to scheduling a public hearing.</p> | | | |
| Applicant Information | | | |
| Applicant Name: | | E-mail: | |
| Mailing Address: | | Phone: | |
| | | Note: E-mail is the preferred method of contact unless specified here: | |
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| Do you own property on the street to be renamed (check one): <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Street to be Named or Renamed | | | |
| Type of Petition: <input type="checkbox"/> New Street Name <input type="checkbox"/> Renaming of an Existing Named Street | | | |
| Type of Street: <input type="checkbox"/> Public <input type="checkbox"/> Private | | | |
| List Proposed Street Names in order of Preference | | For Street Renamings: | |
| 1) | | Street to be Renamed: | |
| 2) | | | |
| 3) | | | |
| Street Location: Describe the location of the street. Be as specific as possible. Make reference to direction and major intersection(s) nearby. Example: extends east off Main Street, north of County Road. | | | |
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| Properties affected: Number of residences _____ Number of businesses _____ Number of vacant lots _____ | | | |
| I have received a copy of the Street Naming/Renaming procedures and have had the opportunity to discuss any questions I have with Addressing Staff. | | | (Initial) |
| Biography Requirement | | | |
| Is/Are the proposed name(s) the proper name of a person, living or deceased? If yes, a biography summarizing the person's accomplishments and/or contributions to the community shall be submitted with this application. | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If Yes, Is the required biography attached to this application? | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| I understand that the proper name will require approval by the City Council/County Commissioners and may not be approved. | | | (Initial) |
| Property Owner Notification | | | |
| All owners of property (vacant or developed property) adjoining the street must sign the naming/renaming petition expressing agreement or disagreement with the name choice(s). Addressing staff will provide applicants with a map of the area and a current tax listing of adjoining property owners whom you must contact and have sign the petition. | | | |
| If a property owner is unwilling or unable to sign the petition, the petitioner shall certify to the City of Winston-Salem/County of Forsyth that the adjoining property owner(s) was sent a letter by certified mail describing the proposed naming/renaming. The petitioner shall file with Addressing Staff a signed Certification of Property Owner Notification setting forth that written notification has been sent to all property owners who did not sign the petition, and shall attach thereto a listing of all property owners sent the letter; a copy of the letter; and for each letter sent, the Receipt for Certified Mail (white slip) and Return Receipt for Certified Mail (green slip) showing that the letters have been delivered, or the letters themselves and the returned mailing envelopes thereof for each notification. | | | |
| Is the signed petition attached to this application? | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Have all adjoining property owners signed the petition? | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If No: | | | |
| Have you attached a signed certification that notification has been sent to all adjoining property owners unwilling or unable to sign the petition? | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Have you attached a listing of all property owners sent the certified letter? | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Have you attached a copy of the letter and the original return receipt you sent to each property owner unwilling or unable to sign the petition? | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |

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Fees

All fees must be submitted with this application and made payable to the *City of Winston-Salem*. The **application fee is nonrefundable**, even if the name is denied. Sign fees must be paid at the time of submission by separate check. If the street name is denied, the sign fee check will be returned to the petitioner. Addressing staff will determine the number and types of signs required.

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| Street Naming/Renaming Fee | \$125.00 |
| Street Sign, Double Blade: \$200 each X _____ signs | |
| Stop Sign: \$100 each X _____ signs | |
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By signing this application, I acknowledge that: 1) Addressing staff has explained the street naming/renaming process and the biography requirement, as necessary; 2) there is no guarantee that this street naming/renaming request will be approved; 3) there is no refund of application fees if this request is denied; and 4) any changes to a proposed street name once put on reserved status will be considered a new street name requiring a new application, a new petition, and fees to be paid again.

Signed: _____ Date: _____

This section to be filled out by Addressing Staff

| | | | |
|---|--|---|---|
| Date Received: | | Biography Acceptable? | <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Accepted by: | | Notification requirements met? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Applicant information complete? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Renaming fee submitted and correct? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Property List Provided? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Street sign fee submitted and correct? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| GeoData map of area Provided? | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Street name(s) in accordance with Addressing ordinance and policies? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Street sign fee returned? Date: | <input type="checkbox"/> Yes <input type="checkbox"/> N/A |
| | | Sign Shop Notice sent? | <input type="checkbox"/> Yes <input type="checkbox"/> N/A |
| Name(s) approved by Emergency Services? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Geo Data printout of street segment made? | <input type="checkbox"/> Yes <input type="checkbox"/> N/A |
| Jurisdiction: <input type="checkbox"/> FC <input type="checkbox"/> LV <input type="checkbox"/> CL <input type="checkbox"/> WS (Ward: <input type="checkbox"/> N <input type="checkbox"/> NE <input type="checkbox"/> E <input type="checkbox"/> SE <input type="checkbox"/> S <input type="checkbox"/> SW <input type="checkbox"/> W <input type="checkbox"/> NW) | | | |

Additional Notes: