



ROAD NAMING APPLICATION

APPLICANT _____

PHONE: _____ E-MAIL: _____

MAILING ADDRESS _____

CURRENT ROAD NAME _____

(IF ROAD DOES NOT CURRENTLY HAVE A NAME, WRITE "NO NAME")

CONNECTING ROAD _____

PROPOSED NEW ROAD NAME: (Please give at least two choices in order of preference)

1. _____
2. _____
3. _____

Signature of Applicant _____

Date _____

We, the undersigned, hereby request the Cleveland County Planning Board to rename our street to one of the above named roads. We understand that while every effort will be made to give us our first choice, it cannot be guaranteed if the Planning Board and staff determine it to be the same or phonetically similar to another county road. We have enclosed the \$100.00 fee to cover the cost of advertising for the Public Hearing and to cover the cost of the new road sign and post.

Name (Print)	Address	Signature

PLANNING STAFF _____ DATE _____

For office use:

Payment Code: ZP 72

Fee: \$200 as of July 1, 2021

Paid on: _____ ZP: _____ Case #: _____