

City of Punta Gorda, Florida



ZONING & CODE COMPLIANCE

326 West Marion Avenue
 Punta Gorda, Florida 33950
 941-575-3352 Telephone
 941-575-3310 Fax
zoning@pgorda.us
pgcode@pgorda.us

REQUEST FOR STREET NAME CHANGE

Application Fee: \$750.00	Date Received:	File #:
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Office use only:					
Ad Date		DRC		Planning	City Council

Application and all pertinent required data (listed below) MUST be submitted with this application

<input type="checkbox"/> ORIGINAL application with Signed & Notarized request for street name change and/or Affidavit Authorization for Agent (if applicable)	<input type="checkbox"/> Petition signed by the owners of at least sixty percent (60%) of the property abutting the portion of the street to be changed. Note: Each property owner MUST sign an affidavit for agent for the applicant.
<input type="checkbox"/> A copy of the deed or other evidence of ownership	<input type="checkbox"/> Survey of the property (Signed & Sealed)
<input type="checkbox"/> Complete legal description of the portion of street to be changed	<ul style="list-style-type: none"> Date of Survey? _____ (not more than 12 months prior to application) Does Survey have a metes and bounds description of the property showing water and sewer main locations and fire hydrant locations? _____
<input type="checkbox"/> Digital Text file of metes and bounds description of Property	

Information to Be Submitted with Application

In order that this application be processed in a timely fashion, the correct and complete information is necessary. It is suggested that the applicant bring the application to the Zoning & Code Compliance Division, 126 Harvey St., Punta Gorda, Florida 33950, where it can be reviewed by the staff prior to filing. The Zoning & Code Compliance Division accepts no responsibility for the completeness or accuracy of the application. Errors in the filed application may result in delays with respect to required public hearings. All data and exhibits submitted in connection with the filing of this application become a permanent part of the public record

1. Applicant

Name: _____

Address:	City:	State:	Zip:
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Phone: _____ Email address: _____

2. Authorized Agent – (if applicable – Property Owner must sign AGENT Affidavit below)

Name: _____

Address:	City:	State:	Zip:
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Phone: _____ Email address: _____

3. Legal Description of street to be changed (use additional sheet if necessary)

4. How many parcels are platted on the proposed street re-named?	
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5. How many parcel owners are in favor of the proposed street re-name?	
6. What is the Existing Street Name?	
7. What is the Proposed Street Name?	
8. Detail narrative describing purpose of street rename (use additional sheet as necessary)	

I, the undersigned, being first duly sworn, testify and say that I am the owner, attorney, attorney-in-fact, agent, lessee or representative of the owner(s) of all of the property described and which is the subject matter of the proposed hearing; that all answers to the questions in this application, and all sketches, data and other supplementary material attached to and made a part of the application are honest and true to the best of my knowledge and belief. I understand this application must be complete and accurate before the hearing can be advertised, and that I am authorized to sign the application by the owner or owners.

AFFIDAVIT		
_____ Signature of Owner or Authorized Agent	_____ Print Name & Title	_____ Date
STATE OF _____) COUNTY OF _____)		
The foregoing instrument was acknowledged before me this ___ day of ____, 20___, by _____, who is personally known to me or who has produced _____ as identification and who did not take an oath.		
_____ Notary Public, State of Florida	_____ My commission Expires	(Seal)

AGENT AFFIDAVIT (need one for EACH property owner on the street to be renamed)		
I/We _____, property owner(s), hereby authorize _____ to act as Agent on our behalf regarding a <u>Street Rename</u> on the property commonly known as _____ in Punta Gorda, Florida.		
_____ Signature of Property Owner	_____ Print Name of Property Owner	_____ Date
STATE OF _____) COUNTY OF _____)		
The foregoing instrument was acknowledged before me this ___ day of ____, 20___, by _____, who is personally known to me or who has produced _____ as identification and who did not take an oath.		
_____ Notary Public, State of Florida	_____ My commission Expires	(Seal)