



## REQUEST FOR STREET NAME CHANGE APPLICATION

<b>Date Received</b>		<b>File Number</b>	
		<b>Application Fee \$750.00</b>	

**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"> <li>• Date of Survey? _____ (not more than 12 months prior to application)</li> <li>• Does Survey have a metes and bounds description of the property showing water and sewer main locations and fire hydrant locations? _____</li> </ul>
<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
Phone			Email address			

**2. Owner(s) of Record**

Name						
Address		City		State		Zip

**3. Authorized Agent - (if applicable – Property Owner must sign AGENT Affidavit below)**

Name						
Address		City		State		Zip
Phone			Email address			

<b>4. Legal Description of street to be changed (use additional sheet if necessary)</b>	
<b>5. How many parcels are platted on the proposed street re-named?</b>	
<b>6. How many parcel owners are in favor of the proposed street re-name?</b>	
<b>7. What is the Existing Street Name?</b>	
<b>8. What is the Proposed Street Name?</b>	
<b>9. Detail narrative describing purpose of street rename (use additional sheet as necessary)</b>	

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 Street Rename 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)