

Application for Street Name Change on a Public Street

(Ordinance 2016-730-E)

Existing Street Name: _____

Proposed new street name: _____

Reason for street name change: _____

Please complete the following if the purpose of the street name change is to name the road after an individual.

Is the person deceased? _____ If yes, identify year deceased: _____

Has the person resided within 5 miles of the street in which the street renaming is being sought? _____

How many years did they reside at this location? _____ Address of residence: _____

Please attach a written description detailing the person's achievement and/or contributions to the Jacksonville community or to the United States of America.

ALL STREET NAME CHANGES WILL BE FOR THE ENTIRE LENGTH OF ROAD.

IN NO CASE SHALL A PROPOSED STREET NAME DUPLICATE AN EXISTING NAME IN THE CITY OF JACKSONVILLE, DUVAL COUNTY, FLORIDA

Application fee for street name change is \$2000.00

Make Check payable to: Tax Collector

Send to: City of Jacksonville
Planning and Development Dept.
Attention: Addressing Section
214 N. Hogan St., 2nd Floor
Jacksonville, FL 32202

Applicant

Name: _____

Information

Mailing address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Other Phone: _____

Email: _____

Applicant Signature

Date

Before me, the undersigned authority, personally appeared _____, Known by me by way of _____ and known to be the person making the above request and acknowledged to and before me that he/she executed the instrument for the purposes therein expressed and (did or did not) take an oath.

Sworn to and subscribed before me this _____ day of _____, 20____.

NOTARY PUBLIC, State of Florida
My Commission expires: