

City of San Angelo, Texas
Department of Planning

Application for Naming/Renaming a Street

Name of Applicant(s): _____

Mailing Address: _____ Telephone: _____

City/State/Zip: _____ Fax/other: _____

describe request for street to be named/renamed*:

describe location** of street to be named/renamed*:

describe reason(s) for request to name or rename the street*:

* use attachment, if necessary

** including, where applicable, the legal description of land adjacent to street requested to be named/renamed

Signature _____

Date _____

OFFICE USE ONLY

received by: _____

date of application: _____

assigned to: _____

☐ walk-in ☐ by mail

nonrefundable application fee: \$ _____

date paid: _____

Planning Commission hearing date: _____

City Council hearing date(s): _____