

# STREET NAME CHANGE APPLICATION

Updated: October, 2018

Case # SNC-\_\_\_\_-\_\_\_\_



## CONTACT INFORMATION

Applicant's Name		Applicant's Phone #	
Applicant's Mailing Address		Applicant's Email	

## PROPERTY INFORMATION

Number of Property Owners Affected: \_\_\_\_\_

Number of Businesses Affected: \_\_\_\_\_

NOTE: To be accepted as complete, more than 50% of the owners of businesses and 50% of the owners of property addressed on this street must sign the accompanying petition.

## REQUESTED CHANGE

Existing Street Name: \_\_\_\_\_

Proposed Street Name: \_\_\_\_\_

Description of Location: From the intersection of \_\_\_\_\_ to \_\_\_\_\_

Reason for Requested Change: \_\_\_\_\_

## AUTHORIZATION

*I certify that the information on this application is complete and accurate. I understand the fees and the process for this application. I understand my responsibility, as the applicant, to be present at meetings regarding this request.*

Filing Fee \$206

Technology Fee \$12

***TOTAL COST\** \$218**

*\*Total cost does not include the cost of replacing street signs, which is determined by the Public Services Director\**

Submittal of this digital Application shall constitute as acknowledgement and authorization to process this request.

APPLY ONLINE – [WWW.MYGOVERNMENTONLINE.ORG/](http://WWW.MYGOVERNMENTONLINE.ORG/)



# CHECKLIST FOR STREET NAME CHANGE APPLICATION

The following items are requested for consideration of this application. These and additional items may be required at the request of the Department		Comments	
<input type="checkbox"/>	<p><i>Pre-development meeting with staff is recommended</i></p> <ul style="list-style-type: none"> <li>Please visit <a href="http://sanmarcostx.gov/1123/Pre-Development-Meetings">http://sanmarcostx.gov/1123/Pre-Development-Meetings</a> to schedule</li> </ul>	<input type="checkbox"/>	
<input type="checkbox"/>	Completed Application for Street Name Change	<input type="checkbox"/>	
<input type="checkbox"/>	Site Plan illustrating the area to be changed	<input type="checkbox"/>	
<input type="checkbox"/>	Signatures from Property Owners and Businesses affected by / addressed on the street proposed to change (please provide as many pages as necessary)	<input type="checkbox"/>	
<input type="checkbox"/>	Application Filing Fee    \$206 Technology Fee            \$12	<input type="checkbox"/>	
<p><b>**San Marcos Development Code Section 2.3.1.1(C): “Every application accepted by the responsible official for filing shall be subject to a determination of completeness...the responsible official is not required to review an application unless it is complete...”</b></p>			

CITY OF SAN MARCOS STREET NAME CHANGE PETITION

By signing this petition, I hereby request the City Council of the City of San Marcos to change the street name of \_\_\_\_\_ to \_\_\_\_\_, as requested in the attached application form. I hereby affirm that I am the legal owner of a business or property that receives its physical address (regardless of mailing address) from this street. I understand that it will be my responsibility to provide notification of my new address to all interested parties within one year of the effective date of this change.

Table with 5 columns: Printed Name, Physical Address, Mailing Address, Business Name, Signature. The table contains 13 empty rows for data entry.

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<b>Printed Name,</b> Please print legibly	<b>Physical Address</b> On street to be changed	<b>Mailing Address</b> If not the same	<b>Business Name</b> If applicable	<b>Signature</b>