



**CITY OF SAN LUIS**  
Development Services Department  
P.O. Box 3750-1090 E. Union Street  
San Luis, AZ 85349  
Phone: (928) 341-8563  
Fax: (928) 341-8599

## ROADWAY COMMEMORATIVE RENAMING APPLICATION FORM

CASE NUMBER ASSIGNED: \_\_\_\_\_

OFFICE USE ONLY

PZ COMMISSION PUBLIC HEARING \_\_\_\_\_

CITIZEN REVIEW MEETING DATE: \_\_\_\_\_ CITY COUNCIL HEARING DATE: \_\_\_\_\_

### NEW ROADWAY NAME REQUEST INFORMATION

Existing Roadway Name: \_\_\_\_\_

Proposed Roadway Name Option 1: \_\_\_\_\_

Proposed Roadway Name Option 2: \_\_\_\_\_

Proposed Roadway Name Option 3: \_\_\_\_\_

Project Name: \_\_\_\_\_

### APPLICANT/AGENT INFORMATION

Name: \_\_\_\_\_

Agent's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

City \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

E-mail: \_\_\_\_\_

I acknowledge my responsibility for any cost of installing and replacing any necessary street name signs associated with this roadway name request. If an agent is named, I hereby authorize that person to act in my behalf in matters relating to this application.

I hereby declare that all of the information contained in this application is true and correct to the best of my knowledge and belief. I acknowledge that errors in this application may delay review.

Applicant Signature \_\_\_\_\_

Date \_\_\_\_\_

Agent's Signature \_\_\_\_\_

Date \_\_\_\_\_

# Development Services Department Planning and Zoning Division Property Owner Roadway Name Change Petition



## **Current Property Owners**

Names of the current property owners, their signature and their mailing addresses, who agree to change the name of this roadway to that listed on this application.

We, the undersigned property owners, being owners of real property abutting the below-stated roadway hereby petition the City of San Luis, Arizona, to request the roadway name change of \_\_\_\_\_ be changed to the roadway name of \_\_\_\_\_.

## **We hereby certify that we are the owners of the adjoining property above described.**

Name: _____ Address: _____ Signature: _____	Name: _____ Address: _____ Signature: _____
Name: _____ Address: _____ Signature: _____	Name: _____ Address: _____ Signature: _____
Name: _____ Address: _____ Signature: _____	Name: _____ Address: _____ Signature: _____
Name: _____ Address: _____ Signature: _____	Name: _____ Address: _____ Signature: _____
Name: _____ Address: _____ Signature: _____	Name: _____ Address: _____ Signature: _____
Name: _____ Address: _____ Signature: _____	Name: _____ Address: _____ Signature: _____



## APPLICATION SUBMITTAL CHECKLIST

1. Completed Form with all necessary signatures.
2. A Narrative Statement (not exceeding two pages) supporting roadway name change.
3. Property Owner Roadway Name Change Petition signed by at least 67 percent (2/3) of the property owners abutting roadway.
5. Application Fees are not refundable even if the application is not approved.  
Fees adopted on 05-22-24 by Resolution No.2306 are as follows:

<b>Misc. Application &amp; Fees</b>	
Street Name Change	\$1200

The City reserves the right to waive some of the above submittal material if found to be unnecessary for a particular application. Conversely, the City reserves the right to require additional information and material, and to require the submission of studies in order to adequately review the request.