

**FEE: \$100.00**  
**(NON-REFUNDABLE)**

# City of Gastonia

## APPLICATION FOR STREET NAME CHANGE

TO: City Engineer, Engineering Dept.

FROM: \_\_\_\_\_ NAME OF CONTACT PERSON

\_\_\_\_\_ MAILING ADDRESS

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ PHONE

DATE: \_\_\_\_\_

EXISTING STREET NAME \_\_\_\_\_

PROPOSED STREET NAME \_\_\_\_\_

**NAME**

**ADDRESS**

- |    |       |       |
|----|-------|-------|
| 1. | _____ | _____ |
| 2. | _____ | _____ |
| 3. | _____ | _____ |
| 4. | _____ | _____ |
| 5. | _____ | _____ |
| 6. | _____ | _____ |
| 7. | _____ | _____ |
| 8. | _____ | _____ |

\_\_\_\_\_  
SIGNATURE OF CONTACT PERSON

- Note: A. Map or sketch of subdivision showing proposed streets and street names and all adjoining streets and street names shall be attached to application.
- B. Street names shall be submitted in accordance to Section 18-39 of the City of Gastonia Code of Ordinances and City Standard Drawing No. 71F-6.
- C. Street names shall be submitted to and approved by the Gastonia Postmaster and Gaston County Planning Department before submission to City.
- D. Application must be signed by all affected property owners.

*(Over)*

APPROVAL	APPROVED AS SUBMITTED	APPROVED AS REVISED	DISAPPROVED
Gastonia Postmaster <span style="float: right;">Date</span>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gaston County Planning Dept. <span style="float: right;">Date</span>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
City of Gastonia - City Engineer <span style="float: right;">Date</span>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
City of Gastonia - City Traffic Engineer <span style="float: right;">Date</span>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FOR CITY OF GASTONIA USE			
<p>LOCATION:</p> <p>INSIDE CITY OF GASTONIA CORPORATE LIMITS <input type="checkbox"/></p> <p>OUTSIDE CITY BUT INSIDE SUBDIVISION JURISDICTION <input type="checkbox"/></p> <p>OUTSIDE CITY SUBDIVISION JURISDICTION <input type="checkbox"/></p>			
<p>HOUSE NUMBERS:</p> <p>TO BE ASSIGNED BY POSTMASTER <input type="checkbox"/></p> <p>TO BE ASSIGNED BY CITY OF GASTONIA <input type="checkbox"/></p>			
<p>COPIES OF APPROVED/DISAPPROVED APPLICATION RETURNED TO OWNER/DEVELOPER,          POSTAL AUTHORITY, GASTON COUNTY <input type="checkbox"/> DATE _____</p>			