

**APPLICATION FOR  
STREET NAMING, STREET RENAMING, STREET DEDICATION, STREET CLOSING, OR  
STREET NUMBERING**

**TO: City of Charleston Planning Department**

**FROM:** \_\_\_\_\_ **Applicant's Name**      **Date:** \_\_\_\_\_

\_\_\_\_\_ **Address**

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

**RE: Request that the City of Charleston consider the following request:**

\_\_\_\_\_ **Approval of New Street Name:** \_\_\_\_\_

\_\_\_\_\_ **Renaming of :** \_\_\_\_\_

**To:** \_\_\_\_\_

\_\_\_\_\_ **Acceptance and Dedication of:** \_\_\_\_\_

\_\_\_\_\_ **Abandonment and Closing of:** \_\_\_\_\_

\_\_\_\_\_ **Street Address Assignment:** \_\_\_\_\_

said street(s) being generally situate \_\_\_\_\_

**District:** \_\_\_\_\_ **Tax Map:** \_\_\_\_\_ **Parcel:** \_\_\_\_\_

**(Must attach map)**

\_\_\_\_\_ **Applicant's Signature**

**Do not complete below this line:**

**STREET INFORMATION FOR 911**

BLOCK RANGE (HIGH)	BLOCK RANGE (LOW)	CROSS STREET (Intersection or Adjoining)	CROSS STREET II (Intersection or Adjoining)

**Subject to review by: City Engineer, Sanitary Board, Metro, CEAS, Fire Dept., Police Dept., Traffic Engineer, Street Commissioner, Kanawha County Planning Commission.**

**Please review and return comments to the Charleston Planning Department.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Approved on** \_\_\_\_\_, 20\_\_\_\_ **By:** \_\_\_\_\_