



**STREET NAME CHANGE APPLICATION
FEE: \$300.00**

DATE: _____ RECEIPT # _____ MEETING DATE _____
Meetings scheduled the second Wednesday of each month at 3:00 p.m. in the North Annex of the
Clovis-Carver Public Library.

Name of Applicant: _____ Address: _____
Phone: _____

Name of Owner: _____ Address: _____
Phone: _____

Street Segment to be Renamed: _____

Proposed Name: _____

Address of Contiguous Lots: _____

Legal Description of Contiguous Lots: Block _____ Lots: _____

Subdivision: _____ Flood Plain: YES _____ NO _____

Zoning District: _____ Survey Required: YES _____ NO _____

THE NAME OF A STREET OR PUBLIC WAY SHALL BE CHANGED ONLY IF THE CITY COMMISSION FINDS THAT THERE WILL BE A PUBLIC BENEFIT WHICH CLEARLY OUTWEIGHS THE PUBLIC CONFUSION AND COSTS THAT WOULD BE CREATED BY THE NAME CHANGE. (ORD. 1576-98 SS 2 (PART), 1998).

I hereby certify that all information in this application is correct and that any additional required permits will be obtained. All work will be done in strict accordance with the building, zoning and planning codes of the City of Clovis, New Mexico. I have read the above notices and understand them.

Signature of Applicant: _____

Signature of Owner: _____

Date: _____