



**CITY OF SAN JOSE**

Planning, Building and Code Enforcement  
 200 East Santa Clara Street  
 San José, CA 95113-1905  
 tel (408) 535-3555 fax (408) 292-6055  
 Website: [www.sanjoseca.gov/planning](http://www.sanjoseca.gov/planning)

**STREET NAMING/RENAMING APPLICATION**

TO BE COMPLETED BY PLANNING COUNTER STAFF			
FILE NUMBER/PROPOSED NAME <b>ST</b>		Receipt # _____	
PROJECT LOCATION		Date _____	
QUAD	COUNCIL DISTRICT	Amount _____	
GENERAL PLAN	ZONING	By _____	

TO BE COMPLETED BY APPLICANT (PLEASE PRINT OR TYPE)	
PROPERTY LOCATION	
EXISTING STREET NAME	PROPOSED STREET NAME
	PROPOSED STREET NAME
	PROPOSED STREET NAME
ATTACH FOLLOWING EXHIBITS:	
<input type="checkbox"/> Letter/Memo (see page 3) <input type="checkbox"/> Petition signed by affected property owners on the subject street (if applicable) <input type="checkbox"/> List of names and address of all affected property owners and occupants <input type="checkbox"/> Location Map showing subject area/street and the extent of the street name change – 6 copies (5 – 8 ½" x 11", 1 – 11" x 17")	
Is this proposal associated with another Planning File/Permit (example: T/PT/PD)	
File Number:	

CONTACT PERSON			
PRINT NAME OF CONTACT PERSON			
PRINT NAME OF COMPANY			
MAILING ADDRESS	CITY	STATE	ZIP CODE
DAYTIME PHONE # ( )	FAX # ( )	E-MAIL ADDRESS	

**PLEASE CALL THE APPOINTMENT DESK AT 408-535-3555 FOR AN APPLICATION APPOINTMENT.**

PETITIONER(S)/APPLICANT(S)			
<b>PRINT NAME</b>		NAME OF FIRM, IF APPLICABLE	
MAILING ADDRESS		CITY	STATE ZIP CODE
DAYTIME PHONE # ( )	FAX # ( )	E-MAIL ADDRESS	
<b>PRINT NAME</b>		NAME OF FIRM, IF APPLICABLE	
MAILING ADDRESS		CITY	STATE ZIP CODE
DAYTIME PHONE # ( )	FAX # ( )	E-MAIL ADDRESS	
<b>PRINT NAME</b>		NAME OF FIRM, IF APPLICABLE	
MAILING ADDRESS		CITY	STATE ZIP CODE
DAYTIME PHONE # ( )	FAX # ( )	E-MAIL ADDRESS	
<b>PRINT NAME</b>		NAME OF FIRM, IF APPLICABLE	
MAILING ADDRESS		CITY	STATE ZIP CODE
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<b>PRINT NAME</b>		NAME OF FIRM, IF APPLICABLE	
MAILING ADDRESS		CITY	STATE ZIP CODE
DAYTIME PHONE # ( )	FAX # ( )	E-MAIL ADDRESS	
<b>PRINT NAME</b>		NAME OF FIRM, IF APPLICABLE	
MAILING ADDRESS		CITY	STATE ZIP CODE
DAYTIME PHONE # ( )	FAX # ( )	E-MAIL ADDRESS	

IF THERE ARE ADDITIONAL PETITIONER(S)/APPLICANT(S), PLEASE ATTACH A SEPARATE COPY OF THIS PAGE TO PROVIDE THE ABOVE INFORMATION.

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LETTER/MEMO

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