



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

STREET NAMING/RENAMING APPLICATION

TO BE COMPLETED BY PLANNING COUNTER STAFF			
FILE NUMBER/PROPOSED NAME ST		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 VISIT THE PLANNING DIVISION'S WEBSITE: <http://www.sanjoseca.gov/index.aspx?nid=3839> TO ARRANGE AN APPOINTMENT FOR SUBMITTING AN APPLICATION

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