



CITY OF GULFPORT
Urban Development - Planning Division
1410 24th Avenue
Gulfport, MS 39501
(228) 868-5710

APPLICATION FOR STREET NAME CHANGE

Property Information

For Staff Use Only

Case File #: _____
Date Received: _____
Receipt #: _____
Received By: _____
Zoning: _____
Ward: _____ Flood: _____
Size: _____

Current Name of Street Involved:

General Location: _____

GENERAL DESCRIPTION OF REQUEST:

CERTIFICATION:

I hereby certify that I have read and understand this application and that all information and attachments are true and correct. I also certify that I agree to comply with all applicable city codes, ordinances and state laws. Finally, I certify that I am the applicant involved in this request or have authorization to act as the applicant's agent for the herein described request.

APPLICANT

AGENT

Printed Name Of Applicant

Printed Name Of Agent

Mailing Address

Mailing Address

City State Zip code

City State Zip code

Home Phone Work/Cell Phone

Home Phone Work/Cell Phone

Email

Email

Signature of Applicant

Signature of Agent

If there is more than one applicant, please check this box. In the case of multiple applicants, the reverse side must be completed. Each additional applicant will need to complete and sign the reverse of this application. We can only accept applications with original signatures.



SECTIONS A. THROUGH H. MUST BE SUBMITTED FOR A COMPLETE APPLICATION

This page must be completed if there is more than one applicant. All persons listed as applicants must complete and sign this application.

CERTIFICATION:

I hereby certify that I have read and understand this application and that all information and attachments are true and correct. I also certify that I agree to comply with all applicable city codes, ordinances and state laws. Finally, I certify that I am an applicant involved in this request or authorized to act as the applicant's agent for herein described request.

NAME OF OWNER (PRINT) _____

ADDRESS (STREET, CITY, STATE, ZIP CODE) _____

PHONE # (H) _____ (W) _____

TAX PARCEL NUMBER(S) OWNED _____

SIGNATURE: _____

NAME OF OWNER (PRINT) _____

ADDRESS (STREET, CITY, STATE, ZIP CODE) _____

PHONE # (H) _____ (W) _____

TAX PARCEL NUMBER(S) OWNED _____

SIGNATURE: _____

NAME OF OWNER (PRINT) _____

ADDRESS (STREET, CITY, STATE, ZIP CODE) _____

PHONE # (H) _____ (W) _____

TAX PARCEL NUMBER(S) OWNED _____

SIGNATURE: _____

(Use additional forms as needed)

IN CASES OF MULTIPLE APPLICANTS, PLEASE IDENTIFY THE PERSON WHO WILL BE ACTING AS YOUR SPOKES

PERSON/AGENT FOR YOU: _____

IMPORTANT NOTICE

1. Please be advised that failure to submit a complete application, with all supporting documents, could **delay your hearing date**. The Planning Commission will not consider a request until all information is submitted and accurate.
2. Please be advised that the application deadline dates posted are designed to allow the staff time to review the application and receive required comments from coordinating agencies. The application is not considered complete until all required information from the applicant is available for review by the staff and coordinating agencies.
3. Please see reverse of this sheet to determine the deadline dates for filing your application.

SUBMISSION REQUIREMENTS

- A. **Page one of this application**, completed and signed.
- B. **Proof of ownership** (Copy of deed or affidavit, if applicable)
- C. If applicable, notarized proof of **authority to act as agent** for owner (Board Resolution, etc.)
- D. The City of Gulfport Planning Division Staff will notify, by letter, property owners adjacent to the requested action identified in this application using the Land Roll database from the County Tax Office. If you would like to have additional persons or property owners notified, please provide a list of **additional persons to be notified**.
- E. Provide a **list of all parcels abutting the street** where the name change is requested.

F. Provide a **written statement** addressing the following:

- Explain the need for the street name change
- State the purpose for the request and what problem(s) the name change will correct
- How the street name change will impact:
 - Transportation and Access
 - Fire and Police protection
 - Other public facilities
- Why the proposed street name change will not create a traffic hazard.

G. **Site plan**. Please note that approval of your request, in part, is based on your site plan which must address the following items:

- The street to be renamed (beginning to ending points).
- The property lines and dimensions and street width have been provided on the drawing.
- All parcels of land abutting the street to be renamed noting addresses or vacant.
- Other pertinent information which would provide an understanding of the requested action.

H. **Cash or check** payable to the City of Gulfport in the amount of **\$125.00**.

City of Gulfport

Zoning Board of Adjustments & Appeals & Planning Commission

2020 MEETING DATES & APPLICATION DEADLINES

Zoning Board and Planning Commission meetings are on Thursdays in the Council Chambers at the Gulfport City Hall located at 2309 15th Street. Zoning Board meetings begin at 3:00 p.m. and Planning Commission meetings begin at 4:30 p.m. You will be notified by letter of the time and location that your request will be considered.

Meeting Dates

Deadline Date	Zoning Board	Planning Commission
December 3, 2019	16-January	23-January
7-January	20-February	27-February
4-February	19-March	26-March
3-March	16-April	23-April
7-April	21-May	28-May
5-May	18-June	25-June
2-June	16-July	23-July
7-July	20-August	27-August
4-August	17-September	24-September
1-September	15-October	22-October
6-October	19-November	19-November
3-November	17-December	17-December

Please be advised that the application deadline dates posted are designed to allow the staff time to review the application and receive required comments from coordinating agencies. Meeting dates listed do not guarantee your application hearing date. The application is not considered complete until all required information is available for review from the applicant and coordinating agencies. Dates, time, and location are subject to change without notice. The remaining dates will be forthcoming.