



City of San Angelo, Texas – Planning Division
52 West College Ave
Application for Naming/Renaming a Street



Section 1: Basic Information

Name of Applicant(s): _____

Owner Representative (Affidavit Required)

Mailing Address _____ City _____ State _____ Zip Code _____

Contact Phone Number _____ Contact E-mail Address _____

Section 2: Property Characteristics

Is the street public? Yes No Is street private? Yes No

Describe request for street to be named/changed: _____

From the intersection of: _____ to: _____

Describe reason(s) for request to name or rename the street: _____

Use attachment, if necessary, including where applicable, the legal description of land adjacent to street requested to be named/renamed:

Section 3: Applicant(s) Acknowledgement

Please initial the following:

_____/we understand that a separate fee will be required from the applicant for any new signage installation.

I/We the undersigned acknowledge that the information provided above is true and correct.

Signature of licensee or authorized representative _____ Date _____

Printed name of licensee or authorized representative _____

Name of business/Entity of representative _____

FOR OFFICE USE ONLY

Reviewed/Accepted by: _____ Date: ____/____/____ Verified Complete Verified Incomplete

Assigned to: _____

Nonrefundable application fee: \$ _____ COSA Signage cost: \$ _____ Date paid: _____ Receipt No. _____

Planning Commission hearing date: _____ City Council hearing date(s): _____