



CITY OF SAN LUIS
Development Services Department
Planning and Zoning Division
P.O. Box 3750-1090 E. Union Street
San Luis, AZ 85349
Phone: (928) 341-8563
Fax: (928) 341-8599

ROADWAY COMMEMORATIVE RENAMING APPLICATION FORM

CASE NUMBER ASSIGNED: _____

OFFICE USE ONLY

PZ COMMISSION PUBLIC HEARING _____

CITIZEN REVIEW MEETING DATE: _____ **CITY COUNCIL HEARING DATE:** _____

NEW ROADWAY NAME REQUEST INFORMATION

Existing Roadway Name: _____

Proposed Roadway Name Option 1: _____

Proposed Roadway Name Option 2: _____

Proposed Roadway Name Option 3: _____

Project Name: _____

APPLICANT/AGENT INFORMATION

Name: _____

Agent's Name: _____

Address: _____

Address: _____

City _____ State: _____ Zip: _____

City _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Phone: _____ Fax: _____

E-mail: _____

E-mail: _____

I acknowledge my responsibility for any cost of installing and replacing any necessary street name signs associated with this roadway name request. If an agent is named, I hereby authorize that person to act in my behalf in matters relating to this application.

I hereby declare that all of the information contained in this application is true and correct to the best of my knowledge and belief. I acknowledge that errors in this application may delay review.

Applicant Signature

Date

Agent's Signature

Date

Development Services Department Planning and Zoning Division Property Owner Roadway Name Change Petition



Current Property Owners

Names of the current property owners, their signature and their mailing addresses, who agree to change the name of this roadway to that listed on this application.

We, the undersigned property owners, being owners of real property abutting the below-stated roadway hereby petition the City of San Luis, Arizona, to request the roadway name change of _____ be changed to the roadway name of _____.

We hereby certify that we are the owners of the adjoining property above described.

Name: _____ Address: _____ Signature: _____	Name: _____ Address: _____ Signature: _____
Name: _____ Address: _____ Signature: _____	Name: _____ Address: _____ Signature: _____
Name: _____ Address: _____ Signature: _____	Name: _____ Address: _____ Signature: _____
Name: _____ Address: _____ Signature: _____	Name: _____ Address: _____ Signature: _____
Name: _____ Address: _____ Signature: _____	Name: _____ Address: _____ Signature: _____
Name: _____ Address: _____ Signature: _____	Name: _____ Address: _____ Signature: _____



APPLICATION SUBMITTAL CHECKLIST

1. Completed Form with all necessary signatures.
2. A Narrative Statement (not exceeding two pages) supporting roadway name change.
3. Property Owner Roadway Name Change Petition signed by at least 67 percent (2/3) of the property owners abutting roadway.
5. Application Fees are not refundable even if the application is not approved.
Fees adopted on 05-22-24 by Resolution No.2306 are as follows:

Misc. Application & Fees	
Street Name Change	\$1200

The City reserves the right to waive some of the above submittal material if found to be unnecessary for a particular application. Conversely, the City reserves the right to require additional information and material, and to require the submission of studies in order to adequately review the request.