

APPLICATION TO CREATE A STREET NAME

INSTRUCTIONS

The applicant or agent is responsible for the inclusion of all required documents/maps and ensuring that all appropriate sections of the attached application form are completed and all documents/maps are included prior to submission to the Planning Division. Provide the company and/or contact name of the applicant, agent and registered owner if applicable.

An up-to-date and clearly legible map, Plan of Survey, 12R Plan or 12M Plan is required to be submitted (8½ x 11 or 14 inch reduction) delineating the road segment to be named or renamed.

File the completed application and any supporting documentation with the Planning & Building Services, 350 City Hall Square West, Suite 210.

Staff will review the application and **may return it if it is incomplete and/or required documents are not submitted**. Administration reserves the right to request additional information.

FEES

Fee is due in full at the time of initial application and is subject to change. Please confirm application fee prior to submission of the application.

\$11,965.00. Cash or a cheque payable to the Corporation of the City of Windsor.

CONTACT INFORMATION

Planning & Building Services
350 City Hall Square West, Suite 210
Windsor ON N9A 7K6

Telephone: 519-255-6543
Fax: 519-255-6544
Email: planningdept@city.windsor.on.ca
Web Site: www.citywindsor.ca

APPLICATION TO CHANGE EXISTING STREET NAME(S)

1. GENERAL LOCATION: _____

Lot(s) or Block(s) #: _____

Plan # _____

Reference (12R) Plan / M-Plan (12M) Plan AVAILABLE: Yes No ATTACHED
(Required: one full sized plan and one 8½ x 14 inch reduction)

2. PROPOSED NAME(s): _____

3. APPLICANT/AGENT: _____

Contact Person: _____

Address: _____

Postal Code: _____ Telephone: (____) _____ Fax: (____) _____

E-Mail Address: _____

Owner/Agent Signature: _____

FOR OFFICE USE ONLY Fee Paid: \$ _____ Receipt No: _____ Date: _____			
File No: _____		Received By: _____ Assigned To: _____	
Cross Ref. No(s): _____			
Comments: _____			
PROPOSED NAME(s): REJECTED: <input type="checkbox"/> OR As per ATTACHED LIST of NAME(s): <input type="checkbox"/>			
ASSIGNED NAME(s): _____			
OR			
ATTACHED LIST of NAME(s): <input type="checkbox"/> AS per ATTACHED MARKED-UP PLAN: <input type="checkbox"/>			
FINAL NOTIFICATION ON HOLD: <input type="checkbox"/> Yes			
<hr/>			
Forwarded to:	<i>Director, Fire - Emergency Communications:</i>	<input type="checkbox"/>	Accepted: <input type="checkbox"/>
	<i>GIS Administrator, Infrastructure Support:</i>	<input type="checkbox"/>	
<i>Date:</i> _____	<i>Assessment Data Analyst, Corporate Services/Financial Services:</i>	<input type="checkbox"/>	

NOTICE WITH RESPECT TO COLLECTION OF PERSONAL INFORMATION:

I/We also acknowledge that the information requested on this form is collected under the authority of The Planning Act, R.S.O. 1990, Chapter P13, as amended. The information is required in order to process the application. The name and business address of the applicant and/or authorized agent is public information. Any other personal information collected will only be used for internal purposes. Questions about this collection can be made to Planning Division, 519-255-6543.