

Renaming Application



**City of Jackson, Mississippi
Department of Planning & Development
Office of City Planning
200 South President Street
P. O. Box 17
Jackson, Mississippi 39205-0017
(60) 960-2037/ (601) 960-2001
(601) 960-2192 (fax)**



FOR OFFICE USE ONLY

Petition No. _____

Application for Renaming of a Public Street or Public Facility

(Please type or print clearly)

Name of Applicant: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____

Attorney/Representative: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____

Current name: _____

Proposed name: _____

Reason for requested renaming: _____

The above is true and correct to the best of my knowledge.

Signature(s)

STATE OF MISSISSIPPI
COUNTY OF HINDS

SWORN TO AND SUBSCRIBED BEFORE ME, _____

THIS THE _____ DAY OF _____, 20 _____

MY COMMISSION EXPIRES: _____

PROCEDURE GUIDE

The petitioner shall complete an application and provide supporting documentation, which shall be filed upon a form provided by the Department of Planning and Development. A \$251 fee shall be paid when the application is filed. An installation fee in the amount of \$150 for each sign to be changed per each street intersection shall be paid upon approval of any naming or renaming of a street or public facility. Any costs associated with the notice, advertisement, publication and all other fees associated with the processing of the petitioner's application shall be borne by the petitioner.

The following items shall be attached to this application. Failure to do so will delay the processing of this application until such time as these items are provided:

1. Legal name and address of petitioner
2. Current and proposed name of the street or facility
3. Reason(s) for the naming or renaming, including a biographical sketch of the person for whom the street or facility will be named.
4. Legal description of the street or facility to be named or renamed
5. Listing of all intersecting streets. In case of a bridge, the closest two intersecting streets on opposite ends of the bridge shall be identified.
6. A listing of all intersecting streets affected by the naming or renaming.
7. A tax map showing street or facility to be named or renamed and all blocks and lots involved in the request.
8. A petition with 75% of property owners located on the property affected by the street naming or renaming, indicating their support of such action. A sworn affidavit or legal opinion attesting to the genuineness and validity of the signatures shall be attached to the petition. Petitioners shall also provide receipts indicating that petitioner mailed notice to surrounding property owners within 160 feet by certified mail-return receipt requested.
9. Letters from affected utility agencies, stating their approval or disapproval of the proposed naming or renaming.
10. A statement from the Planning Department indicating that estimated costs the City will incur, if the proposed naming or renaming is approved by the City Council.

Checklist for completed application package:

- Completed application
- Legal name and address of petitioner
- Current name of the street or facility
- Proposed name of the street or facility
- Reasons for the naming or renaming, including a biographical sketch of the person for whom the street of facility will be named
- Legal description of the streets of facility to be named or renamed
- Listing of all intersecting streets. In the case of bridge, the closest two intersecting streets on opposite ends of the bridge shall be identified.
- A tax map showing the street or facility to be named or renamed, and all blocks and lots involved in the request
- A petition with seventy-five percent (75%) of property owners, located on the property affected by the street naming or renaming, indicating their support of such action. A sworn affidavit or legal opinion attesting to the genuineness and validity of the signatures shall be attached to the petition
- **Letters from affected utility agencies stating their approval or disapproval** of the proposed naming or renaming
- A statement from the Department of Economic Development and Planning indicating the estimated costs the City will incur if the proposed naming or renaming is approved by the City Council
- Copy of the notification letter to **property owners** and neighborhood associations and copies of the **certified mail receipts** from **all letters** sent – Letters must be sent to the owner of the property according the information on Hinds County Landroll
- Verification from the Department of Public Works that the proposed name is not already in use
- Application fee of two hundred fifty dollars (\$251.00)

UTILITY CONTACTS

1. Bellsouth Telecommunications, Inc.
P. O. Box 811
702 Landmark Center
Jackson, MS 39205
Attention: Michel Turner, Manager
601-383-1041
fax
2. Entergy Mississippi, Inc.
Customer Service Center
P. O. Box 1035
Jackson, MS 39215-9985
Attention: Customer Service
601-351-4669
601-351-2775 fax
3. Comcast Cable
Jackson Division
5375 Executive Place
Jackson, MS 39206-1187
Attention: Division Director, Public Affairs
601-982-1187
601-982-9532 fax
4. City of Jackson
Water/Sewer Utilities Division
P. O. Box 17
Jackson, MS 39205-0017
Attention: Division Manager
601-960-2090
-960-2351 fax
5. Atmos Energy Corp.
4155 Industrial Drive
Jackson, MS 39209
601-961-6732
6. Mississippi Valley Gas Co.
124 One Madison Plaza, Suite 2100
Madison, MS 39110
601-969-0222
601-969-2215 fax

NEIGHBORHOOD ASSOCIATIONS WITHIN 1000 FEET

6. City of Jackson Zoning Division
Attention: Ester Ainsworth
P. O. Box 17
Jackson, MS 39205-0017

601-960-2001 601-960-2192 fax
eainsworth@city.jackson.ms.us

PROPERTY OWNERS WITHIN 160 FEET

7. Hinds County Tax Assessor
P. O. Box 22908
Jackson, MS 39225-2908
601-968-6616
http://www.co.hinds.ms.us/pgs/apps/landroll_query.asp

NOTIFICATION FORM LETTER

Date: _____

Dear Sir or Madame:

Please be advised that _____
has/have filed with the City of Jackson an application for a:

_____ **Facility Renaming** _____ **Street Renaming**

For Facility Renaming:

The current name of the **facility** is _____.

The address of the **facility** is _____.

Proposed Facility Renaming: _____.

For Street Renaming:

Name of Street to be renamed: _____.

The location of the street between _____ and _____
is the part that is being requested to be renamed

Proposed Street Renaming: _____.

The City Council will conduct a hearing on the requested renaming on
_____ at _____ a.m. /p.m. in the City Council Chambers
located at 219 S. President, Jackson, MS 39201

This Letter serves as an official notification to the property owners and tenants within 160 feet and all neighborhood organizations registered with the Department of Planning and Development within 1000 ft. of the requested facility or street renaming. Additional information regarding the renaming request may be obtained by calling (601) 960-2001 or emailing eainsworth@city.jackson.ms.us.

Applicant

Applicant

Attachment