

RENAMING APPLICATION



Department of Planning & Development
P. O. Box 17
200 South President Street
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 \$250 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.

- Initial application.
- Name and address of petitioner.
- Current and proposed name of the street or facility.
- A written description and statement of significance of the proposed renaming.
- A map identifying the street or facility to be named.
- Payment of required fee.
- Proof of Public Notice is to be submitted after initial application is reviewed.
- The petitioner must show proof of publication of required advertisement.
- If the application is for the formal renaming of a public street, the petitioner must show proof of notification to the required property owners within 160 feet of the proposed renaming via certified mail.
- A copy of the letter sent to the required property owners and the certified mail receipts.
- If the application is for the formal renaming of a public facility, the petitioner must show proof of notification by sign at the required locations.

PUBLIC HEARING AND NOTICE

A public hearing is required for formal renaming of streets and public facilities. The required notice must be provided at least 15 days in advance of the public hearing.

- In the case of a street renaming or public facility renaming public notice is required in a newspaper of general circulation within the City of Jackson, Mississippi, indicating the time and date of the hearing and a detailed description of the street or public facility to be named or renamed, the existing name, if applicable and the proposed name.
- In the case of a street renaming, a letter including the date, time, location, and purpose of the stated public hearing must be sent to property owners within 160 feet of the proposed renaming via certified mail. The form for notice is to be provided by the planning department.
- In the case of a public facility renaming, a sign providing notice of the requested name change and the date, time, and location of the public hearing must be placed at the main entrance of the public facility sought to be renamed. For larger facilities additional signs are to be provided at the request of the planning department.

NOTIFICATION FORM LETTER

Date: _____

Dear Sir or Madame:

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

- Public Facility Renaming**
- Street Renaming**

FACILITY RENAMING:

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

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

Proposed Facility Renaming: _____.

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 within 160 feet 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

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