

APPLICATION FOR STREET NAME CHANGE
City of Caldwell Planning and Zoning Department
621 E. Cleveland Blvd., Caldwell, ID 83605
Phone: (208) 455-3021

APPLICANT: _____ PHONE: _____

APPLICANT'S MAILING ADDRESS: _____ City, State, Zip: _____

APPLICANT'S EMAIL: _____
(*Requested so we may email the Staff Report)

CURRENT NAME OF STREET #1 REQUESTED TO BE CHANGED _____

PROPOSED NAME OF STREET #1: _____

CURRENT NAME OF STREET #2 REQUESTED TO BE CHANGED: _____

PROPOSED NAME OF STREET #2: _____

I understand this application shall not be considered complete (nor shall a hearing date be scheduled) until all required information has been submitted and said information has been verified by the Senior Planner. All the information, statements, attachments and exhibits transmitted with this application are true to the best of my knowledge.

APPLICANT'S SIGNATURE _____ DATE _____

1. If approved, how many property addresses will change due to this proposed request? _____
2. If you know how long the street names have been established, please indicate said length of time: _____
3. What is the reason for the request? _____

The following attachments MUST accompany this application or the application will not be accepted:

Developer
Initials

P&Z
Verified

- 1. Site Plan – one 8 ½ x 11 OR 11 x 17 (highlight the streets involved in the request and specifically the entire area of the street that is requested to be changed)**