

HINDS COUNTY DEPARTMENT OF PERMIT AND ZONING
ROAD OR STREET RENAMING
APPLICATION

NAME OF APPLICANT: _____ PHONE: _____

ADDRESS OF APPLICANT: _____ ZIP: _____

PROPERTY ADDRESS: _____

PRESENT STREET NAME: _____

BETWEEN: _____

PROPOSED NAME: _____

NAME OF ATTORNEY OR REPRESENTATIVE: _____

MAILING ADDRESS OF REPRESENTATIVE: _____

LEGAL DESCRIPTION OF PROPERTY: _____

By signing this application, it is understood and agreed that permission is given to the Zoning Department to place a sign on said property, giving notice to the public that said property is being considered for renaming.

It is further understood and agreed by the applicant, and permission is hereby granted to the Zoning Administrator for the inspections, investigations, and/or evaluation reports by the proper agencies, pertaining to said road. In the event such investigations, etc. disclose that this road does not meet the requirements for the proposed usage, then this request will be held until such time as those requirements are met and/or evidence of such is submitted.

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

Signature _____
Applicant

Applicant

STATE OF MISSISSIPPI
_____ County.

Personally appeared before me, the undersigned _____
in and for said County, the within named _____

Who acknowledged that _____ signed and delivered the foregoing instrument on the day and year herein mentioned.

Given under my hand and official seal this _____ day of _____ 20_____

STATEMENT OF INTENT

This is a required statement to give detailed information on the intent for the renaming a road/street in Hinds County, Mississippi to be included with the application: