

City of Gastonia

APPLICATION FOR STREET NAME APPROVAL

TO: City Engineer, Engineering Dept.

FROM: _____ OWNER OR DEVELOPER

_____ COMPANY NAME

_____ MAILING ADDRESS

_____ PHONE

DATE: _____

LOCATION OF SUBDIVISION _____

I hereby submit the following street names in _____
Subdivision for approval:

NAME

**General Direction of Street
(East/West) (North/South)**

- | | | |
|----|-------|-------|
| 1. | _____ | _____ |
| 2. | _____ | _____ |
| 3. | _____ | _____ |
| 4. | _____ | _____ |
| 5. | _____ | _____ |
| 6. | _____ | _____ |
| 7. | _____ | _____ |
| 8. | _____ | _____ |

SIGNATURE OF APPLICANT

Note: A. Map or sketch of subdivision showing proposed streets and street names and all adjoining streets and street names shall be attached to application.

B. Street names shall be submitted in accordance to Section 18-39 of the City of Gastonia Code of Ordinances and City Standard Drawing No. 71F-6.

C. Street names shall be submitted to and approved by the Gastonia Postmaster and Gaston County Planning Department before submission to City.

(Over)

APPROVAL	APPROVED AS SUBMITTED	APPROVED AS REVISED	DISAPPROVED
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gastonia Postmaster Date	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gaston County Planning Dept. Date	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
City of Gastonia - City Engineer Date	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
City of Gastonia - City Traffic Engineer Date	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

FOR CITY OF GASTONIA USE

LOCATION:

INSIDE CITY OF GASTONIA CORPORATE LIMITS

OUTSIDE CITY BUT INSIDE SUBDIVISION JURISDICTION

OUTSIDE CITY SUBDIVISION JURISDICTION

HOUSE NUMBERS:

TO BE ASSIGNED BY POSTMASTER

TO BE ASSIGNED BY CITY OF GASTONIA

COPIES OF APPROVED/DISAPPROVED APPLICATION RETURNED TO OWNER/DEVELOPER,
 POSTAL AUTHORITY, GASTON COUNTY DATE _____