



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			
<p>LOCATION:</p> <p>INSIDE CITY OF GASTONIA CORPORATE LIMITS <input type="checkbox"/></p> <p>OUTSIDE CITY BUT INSIDE SUBDIVISION JURISDICTION <input type="checkbox"/></p> <p>OUTSIDE CITY SUBDIVISION JURISDICTION <input type="checkbox"/></p>			
<p>HOUSE NUMBERS:</p> <p>TO BE ASSIGNED BY POSTMASTER <input type="checkbox"/></p> <p>TO BE ASSIGNED BY CITY OF GASTONIA <input type="checkbox"/></p>			
COPIES OF APPROVED/DISAPPROVED APPLICATION RETURNED TO OWNER/DEVELOPER, POSTAL AUTHORITY, GASTON COUNTY <input type="checkbox"/> DATE _____			