

ROAD NAMING PETITION AND APPLICATION

APPLICANT SECTION

Date: _____

Contact Person: _____ Phone: (____) _____
(person filling out form)

Address: _____

City/State/Zip Code: _____

Directions to Road: (Please attach your map with application) TMS#: _____

Road Name Choice(s): (if this road is a private drive, please use the ending Lane, Way or Trail)

First Choice: _____

Second Choice: _____

Third Choice: _____

Number of Residences along road: _____

We, the undersigned property owners give permission to Richland County Development Services Department to name our road. We understand that this petition does not obligate the County in any way towards the maintenance, repair or replacement of the roadway. Also, a minimum of **51%** of the property owners possessing property that borders this private roadway must concur with the suggested names. (Attach a separate sheet if necessary)

Name (Signature)	Address	Phone
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

*** All signatures will be verified ***

**Return Petition to: Richland County Development Services Department, Addressing Division
 P.O. Box 192, 2020 Hampton Street, Columbia, SC 29204**