

STREET NAME CHANGE APPLICATION

CITY OF CHARLESTON
Department of Planning, Preservation & Sustainability
Zoning Division
2 George Street, Suite 3100
Charleston, SC 29401

phone: 843.724.3781
fax: 843.724.3772
www.charleston-sc.gov

APPLICATION MUST BE COMPLETE AND PRINTED IN COLOR

Planning Commission Meeting Date Requested: _____

STREET INFORMATION:

Current street name:			
Proposed street name:			
Reason for request:			
Geographic Location (i.e. Johns Island):		County:	
Neighborhood where street is located:			
Street ownership/maintenance:	<input type="checkbox"/> private street <input type="checkbox"/> publicly dedicated City of Charleston street <input type="checkbox"/> publicly dedicated Charleston County street <input type="checkbox"/> SCDOT street		
Recorded plat(s) that created /dedicated street:	book:	page:	recording date:

CONTACT INFORMATION:

Applicant/Representative/Owner: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
Address: (street/city/state/zip)			
Phone:	<input type="checkbox"/> business	<input type="checkbox"/> home	<input type="checkbox"/> cell
E-Mail:	Fax:		

SUBMITTAL REQUIREMENTS.

 The following must be submitted by the applicant with this application.

- Completed application
- Copy of the recorded plat(s) that created/dedicated the street. A copy of a survey/site plan will suffice for private drives.
- Application fee \$100
- Charleston County 911 Reserved Street Name Approval Memo
- Correspondence/documentation from the City of Charleston's addressing coordinator, Kittie Whiddon, regarding new street name approval. whiddonk@charleston-sc.gov 843.805.3230
- Provide a list of all lots fronting and/or addressed on the subject street and include the following information: lot #, lot TMS#, lot address, lot owner, owner's mailing address (if different from lot address).
- Petition with signatures of 75% of the property owners in favor of the road name change

I hereby acknowledge by my signature below that this application, including supporting documents, is complete and accurate.

Signature: _____ date: _____

FOR OFFICE USE ONLY:

Application received: Date _____ Time _____ Fee _____ Receipt _____ Staff _____

Action taken by Planning Commission: Approved Approved with Conditions Denied Deferred

Comments: _____

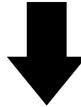
Zoning Official: _____ Date: _____

STREET NAME CHANGE APPROVAL PROCESS

CITY OF CHARLESTON
Department of Planning, Preservation & Sustainability
Zoning Division

Pre-application discussion with staff

Contact the Planning Division, GIS Division or Zoning Division to discuss street name change. (no fee or application required)



Charleston County 911

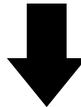
Contact Charleston County 911 to reserve the proposed new street name. Charleston County will issue a **Reserved Street Name Approval Memo** if the proposed new name is acceptable.

City of Charleston GIS/Addressing

Contact City of Charleston GIS Division/Addressing to reserve street name.

Contact Property Owners

Notify adjacent property owners. Obtain a petition with signatures of 75% of the property owners in favor of the road name change.



Planning Commission public hearing and decision

Submit application, fee and supporting documents to the Zoning Division by 12 pm on the published deadline date to be placed on the Planning Commission agenda. The Planning Commission will hold a public hearing and make a decision to approve or disapprove the street name change.



**STREET NAME CHANGE
APPROVAL**