

Metropolitan Government Department of Public Works

750 South 5th Street ♦ Nashville, TN 37206 ♦ (615) 862-8750 ♦ www.nashville.gov/pw

Mandatory Referral Application: *Street Renaming*

*** Before filing this application, please review checklist on the back of this application. ***

Mandatory Referral Project No. _____
(MPW staff assigns project #)

Date Submitted: 3/2/2017

Street Location & Proposed Name:

Starting Oaks Drive South of Cloverland Drive to Montessori Drive
Describe where renaming will occur and the proposed name

Reason for Renaming: (if street name is in honor of an individual, please attach a biography of individual)

This street serves the Montessori School at the terminus.

Applicant: All correspondence will be mailed to the applicant.

Architect Engineer Property Owner Other: _____

Name: Councilmember Robert Swope

Business: Metro Council

Address: 1 Public Square

City: Nashville State: TN Zip: _____

Phone: 615-862-6780

Fax: _____

E-mail: robert.swope@nashville.gov

Applicant's Signature:



Filing Fee (All application fees are non-refundable)

Street / Alley Renaming \$200.00

Amount paid: \$ NA

Accepted by: BC Date: 3-2-17

**Mandatory Referral
✓ Checklist**

- Mandatory Referral Application**
- Filing Fee \$200** (All application fees are non-refundable)
Cash or check. If check, make payable to "Metropolitan Government". Credit cards not accepted.
- Property Map**
Highlight with marker location of street or alley to be renamed.
- Property Owner Signatures**
Signatures of all property owners abutting street (or section) to be renamed, agreeing to proposed new street name. (Try and get as many as you can. The more the better otherwise street's renaming could be delayed by people being confused or objecting to renaming).
- Biography**
If the street is to be renamed after an individual, a biography of that individual must be submitted with this application. (Streets cannot be renamed after living persons or persons who have died within two years of this application's submittal.) Failure to provide this information will deem your application *incomplete* and postpone your application's consideration by the Metropolitan Planning Commission.

SIGNATURE(S)

(copy this sheet if needed for additional signatures)

As the owner(s) of property, I/we agree to the submission of this mandatory referral application to the Metropolitan Planning Commission to rename our street. We live adjacent to this street and consider ourselves an affected property owner.

If this street is renamed, we understand the following process will occur and by our signature agree to this occurring:

- I/we understand that if the Metro Council should decide to rename this street, the Metro Public Works Department will notify the U.S. Post Office of the name change. The Post Office will deliver mail addressed to my current street name for one year after the new street name is approved. Thereafter, it will be returned to the sender. I understand I am responsible for notifying all family, friends, credit card companies, banks, mortgage companies, insurance companies, governmental agencies (e.g. Social Security, IRS, TennCare) etc. of the street name change should it be approved.
- I/we understand street renamings require a recommendation to the Metro Council from the Metro Planning Commission and the E-911 Board.
- I/we understand that not everyone who lives on the street must approve the street renaming. It may be renamed in spite of objections by property owners by the Metro Council in order to protect the public health, safety, and welfare and to improve E-911 efficiency and system operations.

Printed Name & Signature (required)	Address	Phone #	Map	Parcel