

DEPARTMENT OF PLANNING & SUSTAINABILITY

Chief of Executive Officer
Lorraine Cochran-Johnson

Director
Juliana A. Njoku

STREET NAME CHANGE APPLICATION

S.N. No. _____

Applicant / Agent / Owner: _____

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TO BE COMPLETED BY PLANNING & SUSTAINABILITY DEPARTMENT

Map Reference: _____ Date Approved: _____

Date Received: _____ Fee Paid: _____

Commission Districts: _____

Existing Street Name: _____

Proposed Street Name: _____

The following information must be attached to the application:

1. A written petition bearing signatures of a minimum of 51 percent (%) of the property owners fronting said street. The property owners signing shall also constitute a minimum of 51 percent (%) of the linear street frontage. Linear street frontage shall include frontage of properties that abut both sides of the street right-of-way.
2. Map showing street or portion of street affected by change.

Reason for requesting change (Attach additional information if needed.):

Signature: _____

Date: _____

**STREET NAME CHANGE APPLICATION FEE:
No Fee Due**

**DeKalb County does not require payment by wire transfer.
Be aware of scammers and fraudulent emails.**



Planning & Sustainability Department Current Planning / Zoning Division

178 Sams Street
Decatur, GA 30030

Lorraine Cochran-Johnson
Chief Executive Officer

Juliana A. Njoku
Director

APPLICANT PERSONAL CONTACT INFORMATION PAGE

Applicant Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Applicant Phone #: _____ Email: _____

Owner Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Subject Property Address: _____

City: _____ State: _____ Zip: _____

I hereby authorize the staff of the Planning and Sustainability Department, Current Planning/Zoning Division, to inspect the property that is the subject of this application.

Owner	Agent	_____	_____
		Signature of Applicant	Date

NOTE: PLEASE BE MINDFUL THAT THE APPLICATION AND ALL OF ITS CONTENTS IS A PUBLIC RECORD ONCE SUBMITTED AND ACCEPTED FOR A ZONING CYCLE.

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