

## APPLICATION TO CREATE A STREET NAME

### **INSTRUCTIONS**

---

The applicant or agent is responsible for the inclusion of all required documents/maps and ensuring that all appropriate sections of the attached application form are completed and all documents/maps are included prior to submission to the Planning Division. Provide the company and/or contact name of the applicant, agent and registered owner if applicable.

An up-to-date and clearly legible map, Plan of Survey, 12R Plan or 12M Plan is required to be submitted (8½ x 11 or 14 inch reduction) delineating the road segment to be named or renamed.

File the completed application and any supporting documentation with the Planning & Building Services, 350 City Hall Square West, Suite 210.

Staff will review the application and **may return it if it is incomplete and/or required documents are not submitted**. Administration reserves the right to request additional information.

### **FEES**

---

Fee is due in full at the time of initial application and is subject to change. Please confirm application fee prior to submission of the application.

**\$14,010.00.** Cash or a cheque payable to the Corporation of the City of Windsor.

### **CONTACT INFORMATION**

---

Planning & Building Services  
350 City Hall Square West, Suite 210  
Windsor ON N9A 7K6

Telephone: 519-255-6543  
Fax: 519-255-6544  
Email: [planningdept@citywindsor.ca](mailto:planningdept@citywindsor.ca)  
Web Site: [www.citywindsor.ca](http://www.citywindsor.ca)

**APPLICATION TO CHANGE EXISTING STREET NAME(S)**

**1. GENERAL LOCATION:** \_\_\_\_\_

Lot(s) or Block(s) #: \_\_\_\_\_

Plan # \_\_\_\_\_

Reference (12R) Plan / M-Plan (12M) Plan AVAILABLE: ☐ Yes ☐ No

(Required: one full sized plan and one 8½ x 14 inch reduction)

☐ ATTACHED

**2. PROPOSED NAME(s):** \_\_\_\_\_

**3. APPLICANT/AGENT:** \_\_\_\_\_

Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**Owner/Agent Signature:** \_\_\_\_\_

**FOR OFFICE USE ONLY** Fee Paid: \$ \_\_\_\_\_ Receipt No: \_\_\_\_\_ Date: \_\_\_\_\_

File No: \_\_\_\_\_ Received By: \_\_\_\_\_ Assigned To: \_\_\_\_\_

Cross Ref. No(s): \_\_\_\_\_

Comments: \_\_\_\_\_

**PROPOSED NAME(s):** \_\_\_\_\_ **REJECTED:** ☐ **OR** As per **ATTACHED LIST of NAME(s):** ☐

**ASSIGNED NAME(s):** \_\_\_\_\_

**ATTACHED LIST of NAME(s):** ☐ **OR** **AS per ATTACHED MARKED-UP PLAN:** ☐

**FINAL NOTIFICATION ON HOLD:** ☐ **Yes**

Forwarded to: \_\_\_\_\_ *Director, Fire - Emergency Communications:* ☐ Accepted: ☐

*GIS Administrator, Infrastructure Support:* ☐  
*Date:* \_\_\_\_\_ *Assessment Data Analyst, Corporate Services/Financial Services:* ☐

**NOTICE WITH RESPECT TO COLLECTION OF PERSONAL INFORMATION:**

I/We also acknowledge that the information requested on this form is collected under the authority of The Planning Act, R.S.O. 1990, Chapter P13, as amended. The information is required in order to process the application. The name and business address of the applicant and/or authorized agent is public information. Any other personal information collected will only be used for internal purposes. Questions about this collection can be made to Planning Division, 519-255-6543.