

# STREET NAME CHANGE on a PRIVATE STREET APPLICATION FORM

CITY OF JACKSONVILLE, FLORIDA

Existing Street Name: \_\_\_\_\_

Proposed New Street Name: \_\_\_\_\_

Reason for Street Name Change: \_\_\_\_\_

<b>Please complete the following if the purpose of the street name is to name the road after an individual:</b>			
Is the person deceased?:	Yes	No	If Yes, identify year deceased: _____

**NOTE: ALL STREET NAME CHANGES WILL BE FOR THE ENTIRE LENGTH OF ROAD. IN NO CASE SHALL A PROPOSED STREET NAME DUPLICATE AN EXISTING NAME IN THE CITY OF JACKSONVILLE, DUVAL COUNTY, FLORIDA.**

OWNER'S INFORMATION	
Name:	Mailing Address (including city, state, zip):
Email:	Telephone:

\_\_\_\_\_ Date

\_\_\_\_\_ (Signature of Owner)

**STATE OF FLORIDA  
COUNTY OF DUVAL**

Sworn to and subscribe and acknowledge before me by means of [ ] physical presence or [ ] online notarization, this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_, by \_\_\_\_\_, who is personally known to me or who has produced \_\_\_\_\_ as identification and who took an oath.



\_\_\_\_\_ (Signature of NOTARY PUBLIC)

\_\_\_\_\_ (Printed name of NOTARY PUBLIC)

State of \_\_\_\_\_ at Large.

My commission expires: \_\_\_\_\_

PLANNING AND DEVELOPMENT DEPARTMENT  
ADDRESSING SECTION

**NOTE: Any street naming sign placed in a public right-of-way is required to be posted by the City of Jacksonville Traffic Engineering Section. There is a \$400.00 fee required for the posting of the street renaming sign. No street name changes will be completed until the \$400.00 fee has been paid.**

**Make Check payable to: Tax Collector**

**Send To:** City of Jacksonville  
Planning and Development Department  
Attention: Addressing Section  
214 N. Hogan Street, 2nd Floor  
Jacksonville, FL 32202

PLANNING AND DEVELOPMENT DEPARTMENT  
ADDRESSING SECTION

214 N. Hogan Street, 2nd Floor Jacksonville, FL 32202 Phone: 904.255.8340 Fax: 904.301.3820 [address@coj.net](mailto:address@coj.net)