

FNSB Dept of Community Planning

809 Pioneer Road

PO Box 71267

Fairbanks, Alaska 99707-1267

(907) 459-1260

FAX 459-1255

PUBLIC ROAD NAMING APPLICATION

APPLICATION CANNOT BE ACCEPTED UNLESS ACCOMPANIED BY

1. Petition signed by at least 75% of the adjoining property owners.
2. Listing of favored street name and two alternate names.
3. FNSB map depicting the road and surrounding area.
4. Appropriate fee.

PLEASE PRINT CLEARLY

Applicant: _____ Phone (8 am-5 pm): _____

Mailing Address: _____ ZIP: _____

Legal description of parcels adjoining the road to be named (tax lot descriptions are acceptable if the application is accompanied by a Borough GIS map):

_____ Sec: _____ Twn _____ Rng _____ Map _____

Road Service Area: _____

Existing Road Name: _____

List three suggested names for the road in order of preference. Street names shall not be duplicates of any existing street name nor be subject to confusion in the spelling or pronunciation.

1. _____ 2. _____

3. _____

PROCEDURE

- Within 25 working days after the scheduled submittal deadline, the application will be accepted or returned with a list of deficiencies.
- Upon acceptance of the application, it will be scheduled for public hearing at the next regular Platting Board meeting.
- All adjoining property owners will be notified of the request prior to the public hearing.
- After the hearing, all adjoining property owners will be notified of the Platting Board's decision.
- Applicant will be required to provide and install standard street name sign(s) on standard post(s) at all affected intersections.
- The new road name will not become effective until photo verification is submitted to the Dept of Community Planning that the sign(s) has (have) been installed.

Processing timelines follow from deadline date, not date of submittal.
(Deadline schedule available from Dept of Community Planning or on the web page)

Signature _____

Date _____

PETITION FOR NAMING A ROAD

Signatures of legal owners are required on this application. If signing for a corporation or partnership, provide proof of authority to sign.

Name (print): _____ Phone: _____

Signature: _____

Mailing Address: _____ ZIP: _____

Legal Description of Property Owned: _____

Name (print): _____ Phone: _____

Signature: _____

Mailing Address: _____ ZIP: _____

Legal Description of Property Owned: _____

Name (print): _____ Phone: _____

Signature: _____

Mailing Address: _____ ZIP: _____

Legal Description of Property Owned: _____

Name (print): _____ Phone: _____

Signature: _____

Mailing Address: _____ ZIP: _____

Legal Description of Property Owned: _____

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Name (print): _____ Phone: _____

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Mailing Address: _____ ZIP: _____

Legal Description of Property Owned: _____

Name (print): _____ Phone: _____

Signature: _____

Mailing Address: _____ ZIP: _____

Legal Description of Property Owned: _____