



Road Name Change Request

Calvert County, Maryland
Department of Planning and Zoning
 150 Main Street, Prince Frederick, MD 20678
 Phone: (410) 535- 2348 or (410) 535-1600 ext. 2356
 TDD: (410) 535-6355 Fax: (410) 414-3092
 Email: PZ@CalvertCountyMD.gov

All information must be completed, if applicable and incomplete applications will be returned to the applicant.

PLEASE PRINT CLEARLY

APPLICANT INFORMATION AND AUTHORIZATION

(Print or Type) First Name:		Last Name:	
Mailing Address:		Email:	
City:	State:	Zip Code:	
Phone:	Fax:		
Signature:			Date:
Applicant's property fronting on the subject road:	Tax Map:	Parcel:	Tax ID:

CURRENT AND PROPOSED ROAD NAME

Current Road Name:
Proposed First Choice:
Proposed Second Choice:
Proposed Third Choice:

DESCRIPTION OF ROAD

Current Road Name (if any):	
Subdivision or Community:	Election District:

List all roads that intersect the subject road:

Description of location of subject road of sufficient accuracy to permit plotting or identification on official map at 1"=600' scale:			
Length of Road:		Width of Right-of-Way:	
Type of Surface: <input type="checkbox"/> Dirt <input type="checkbox"/> Gravel <input type="checkbox"/> Tar & Chip <input type="checkbox"/> Asphalt <input type="checkbox"/> Other (explain):			
Ownership of Road: <input type="checkbox"/> Private <input type="checkbox"/> Public			
OWNERS' SIGNATURES			
Note: Section 10-1.04.E of the Calvert County Zoning Ordinance requires that 75 percent of the owners of property fronting on the subject road must sign the application for a road name change. Each owner fronting on the subject road must provide a legal description of their property as well as a current mailing address. Use additional sheets if necessary.			
<i>PLEASE PRINT CLEARLY</i>			
First Name:		Last Name:	
Mailing Address:		Email:	
City:	State:	Zip Code:	
Phone:	Fax:		
Signature:			Date:
Applicant's property fronting on the subject road:	Tax Map:	Parcel:	Tax ID:
First Name:		Last Name:	
Mailing Address:		Email:	
City:	State:	Zip Code:	
Phone:	Fax:		
Signature:			Date:
Applicant's property fronting on the subject road:	Tax Map:	Parcel:	Tax ID:
First Name:		Last Name:	
Mailing Address:		Email:	
City:	State:	Zip Code:	
Phone:	Fax:		
Signature:			Date:
Applicant's property fronting on the subject road:	Tax Map:	Parcel:	Tax ID:

First Name:		Last Name:	
Mailing Address:		Email:	
City:	State:	Zip Code:	
Phone:	Fax:		
Signature:			Date:
Applicant's property fronting on the subject road:	Tax Map:	Parcel:	Tax ID:
First Name:		Last Name:	
Mailing Address:		Email:	
City:	State:	Zip Code:	
Phone:	Fax:		
Signature:			Date:
Applicant's property fronting on the subject road:	Tax Map:	Parcel:	Tax ID:

STAFF COMMENTS:

* PZ = Planning & Zoning / PSC = Public Safety Communications

RECOMMENDATION

APPROVAL **NON-APPROVAL**

PSC:

PRINT NAME / TITLE

SIGNATURE

DATE

DETERMINATION

APPROVAL **NON-APPROVAL**

PZ Staff:

PRINT NAME / TITLE

SIGNATURE

DATE