



THE CORPORATION OF THE
CITY OF ST. CATHARINES

www.stcatharines.ca

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PLANNING SERVICES
Development

PRIVATE STREET NAMING APPLICATION

FILE NO. 60.2.19

AMANDA NO: _____PN

****PLEASE CONSULT THE PLANNING TECHNICIAN IN THE PLANNING SERVICES DEPARTMENT (905-688-5601 ext. 1701) TO DISCUSS POTENTIAL STREET NAMES PRIOR TO FILLING OUT THIS APPLICATION**

PLEASE PRINT

1. **Name of Owner/Applicant** _____

Telephone Number _____ Fax Number _____

Address _____

(postal code)

2. **Name of Solicitor** (if applicable, see owner's authorization) _____

Telephone Number _____ Fax Number _____

Address _____

(postal code)

3. **Name of Agent** (if applicable, see owner's authorization) _____

Telephone Number _____ Fax Number _____

Address _____

(postal code)

4. **PROPOSED STREET NAME** _____

(MUST BE PREVIOUSLY APPROVED BY FIRE SERVICES)

5. **Site Location Address:** _____

Legal description: _____

Registered Plan/Condominium Plan No.: _____

6. **To Be Attached:** A Site Plan of the development including the location of the street(s) to be named.

7. **List the properties affected by the street name change** (unit #'s attributed to street)
