



## PUTNAM COUNTY BOARD OF COMMISSIONERS

117 Putnam Drive, Suite A ♦ Eatonton, GA 31024 ♦ Tel: 706-485-5826 ♦ Fax: 706-923-2345

### Road Name Change Application

Date of Request: \_\_\_\_\_

Subdivision Name: \_\_\_\_\_

Applicant/Authorized Agent: \_\_\_\_\_

Applicant's physical Address: \_\_\_\_\_

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

Contact Number(s): \_\_\_\_\_

Current Road Name: \_\_\_\_\_

Proposed Road Name: \_\_\_\_\_

Road length in Miles: \_\_\_\_\_ ☐ Paved or ☐ Unpaved ☐ Private Road or ☐ County/City Road

**\*\*For recording purposes, please provide Survey Plat of Road depicting the name change.\*\***

List road name of roads that intersect with proposed road:

\_\_\_\_\_  
\_\_\_\_\_

Reason for Requested Road Name Change: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Number of homeowners to be affected by Name Change: \_\_\_\_\_ \*Have they been notified of proposal? \_\_\_\_\_

Number of businesses to be affected by Name Change: \_\_\_\_\_ \*Have they been notified of proposal? \_\_\_\_\_

\*Please provide proof of notification

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#### OFFICE USE ONLY:

Payment Received: \$550.00 Date \_\_\_\_\_ Receipt # \_\_\_\_\_

Are there any other conflicting road name or subdivision name located in Putnam County/City of Eatonton that would prohibit the proposed name change? ☐ Yes ☐ No

Was evidence provided to indicate that all or most of the affected home or business owners have been notified of proposed name change? ☐ Yes ☐ No

Recommendation by Planning & Development Director: \_\_\_\_\_

If recommendation is for Denial, reason \_\_\_\_\_

\_\_\_\_\_  
Planning Director Signature: \_\_\_\_\_ Date: \_\_\_\_\_