CITY OF PERRIS
DEPARTMENT OF COMMUNITY DEVELOPMENT
PLANNING DIVISION
135 NORTH “D” STREET, PERRIS, CA 92570
TEL.: (951) 943-5003 FAX: (951) 943-8379

STREET NAME APPLICATION

PARCEL/TRACT MAP NUMBER ____________________________

Location ________________________________

APN ________________________________

Acreage __________________ Zoning __________

Applicant’s Name __________________________________ Telephone ( ) ____________

Mailing Address: ___________________________________________________________

Street City State Zip

Owner’s Name __________________________________ Telephone ( ) ____________

Mailing Address: ___________________________________________________________

Street City State Zip

Engineer __________________________________ Telephone ( ) ____________

Mailing Address: ___________________________________________________________

Street City State Zip

Contact Person __________________________________ Telephone ( ) ____________

SUBMIT THE FOLLOWING INFORMATION:

1. One copy of completed application form.

2. A list in alphabetical order of proposed street names (minimum of four names per street).

3. Indicate four names per street on Tentative Map (see sample) and submit 20 copies of maps containing these names 8 1/2 x 11 (11 x 17 will be accepted).

4. Selection of street names shall be consistent with Chapter 19.63 Street Naming Requirements of the City Municipal Code.

5. FEES See current Fee Schedule

Signature of Applicant: ______________________________ Date: ________________

Signature of Owner: ______________________________ Date: ________________
PROPERTY OWNER(S) AUTHORIZATION FORM

AUTHORIZATION FOR AGENT TO ACT ON BEHALF OF LEGAL PROPERTY OWNER

I/We, the owner(s) of the subject property, do hereby authorize ________________________ to act in my/our behalf on matters pertaining to ________________________________ ________________________________ (Describe nature of request: i.e., Development Plan Review, Tract, Zone Change, Tract Map, Parcel Map, Conditional Use Permit, etc.)

Dated this _____________ day of ______________________ ,20 _____.

__________________________________________
Signature(s) of Legal Owner(s)

State of California   )
County of Riverside   )

On this _____________ day of ______________________ , 20____, before me a Notary Public, personally appeared ____________________ known to me to be the person(s) whose name(s) are/is subscribed to the within instrument and acknowledged that he/she/they executed the same.

Witness my hand and Official Seal

Signature_______________________________
Name (printed) __________________________