



KITSAP COUNTY DEPARTMENT OF COMMUNITY DEVELOPMENT

614 DIVISION STREET MS-36, PORT ORCHARD WASHINGTON 98366-4682
(360) 337-7181 FAX (360) 337-4925 HOME PAGE - www.kitsapgov.com/dcd/

Cindy Baker, DIRECTOR

ROAD NAME PETITION

APPLICANT: _____ DATE: _____

MAILING ADDRESS: _____

DAY PHONE NUMBER: _____

ASSESSOR'S TAX ACCOUNT NUMBER: _____

FEES: [See attached/linked Fee Schedule](#)

WE, THE UNDERSIGNED, BEING AT LEAST FIFTY-ONE PERCENT (51%) OF THE OWNERS, DO HEREBY PETITION THE ADDRESSING SECTION OF THE KITSAP COUNTY DEPARTMENT OF COMMUNITY DEVELOPMENT TO CONSIDER THE FOLLOWING NEW NAMES FOR THE ABOVE SAID TAX ACCOUNT NUMBER ROAD EASEMENT.

LIMIT NAME TO 13 LETTERS FOR ROAD SIGN*** Please Print

1ST CHOICE _____

2ND CHOICE _____

3RD CHOICE _____

4TH CHOICE _____

5TH CHOICE _____

6TH CHOICE _____

***NO SIMILAR SOUNDING OR DUPLICATION OF EXISTING ROAD NAMES WITHIN THE COUNTY OR CITY LIMITS IS ALLOWED SO IT IS HELPFUL TO REFERENCE THE PHONE BOOK AND/OR COUNTY ROAD LOG TO ELIMINATE DUPLICATE NAMES.

PLEASE ATTACH ADDITIONAL PAGES CONTAINING OWNER SIGNATURES, EXISTING ADDRESSES, AND ASSESSOR'S TAX ACCOUNT NUMBERS OF EACH RESIDENCE ACCESSED BY THIS EASEMENT. PLEASE INCLUDE A PARCEL MAP (FROM THE ASSESSOR'S OFFICE) SHOWING THE EASEMENT TO BE NAMED, ADJACENT AND INTERSECTING ROADS, AND DRIVEWAYS OF EACH PARCEL USING THE EASEMENT ROAD. IN ADDITION, PLEASE SHOW ANY OBVIOUS LANDMARKS AND A NORTH ARROW.

WHEN THE ROAD NAME IS APPROVED THROUGH OUR OFFICE YOU SHOULD CONTACT PUBLIC WORKS TO ORDER YOUR SIGN. THERE IS A **FEE OF \$120.00** FOR A ROAD SIGN AND IS DUE AT THE TIME YOU ORDER THE SIGN. PLEASE MAKE CHECKS **PAYABLE TO THE DEPARTMENT OF PUBLIC WORKS**.

	Approved	Date
DCD	_____	_____
CENCOM-911	_____	_____

Word2000\G:\Dcd\Data\Address\Road Name Petition\10-03-2005