



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

FOR OFFICE USE ONLY

STREET NAME APPLICATION

DATE SUBMITTED _____
RECEIVED BY _____
PLANNING RECEIPT NO _____

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) _____