



CITY OF PORT ORCHARD
Planning Department - Addressing
 216 Prospect Street
 Port Orchard, WA 98366
 Phone (360) 876-4991 • Fax (360) 876-4980

ROAD NAME APPLICATION

Please complete this form in full. **Print legibly in ink or type.** Processing of your road name may be delayed if all required information is not provided.

Date: _____

Applicant Name: _____

Mailing Address: _____

Daytime Phone Number: _____

Assessor's Tax Account Number): _____

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. Limit name to 13 letters for road sign.

1st Choice: _____

2nd Choice: _____

3rd Choice: _____

4th Choice: _____

5th Choice: _____

6th Choice: _____

REQUIRED ATTACHMENTS:

- Additional pages containing owner signatures, existing addresses, and assessor's tax account numbers for each residence accessed by this easement.
- 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. Show any obvious landmarks and a North arrow.

When your road name is approved through our office, staff will contact Public Works to order and install your sign. **There is a fee for a road sign, due after the sign has been placed.**

Staff Use Only:	
New Road Name: _____	
Approved	Date
Planning Department: _____	_____
CENCOM – 911: _____	_____