



Fee: <u>\$1,002</u>
Date Rec'd: _____
Application #: _____
Meeting Date: _____

**City of Flint**  
**Planning & Zoning Department**  
**1101 S Saginaw Street Room S105, Flint, MI 48502**  
**Phone: (810)766-7426**  
[www.cityofflint.com/department/planning-and-zoning/](http://www.cityofflint.com/department/planning-and-zoning/)

**Application for Street Name Change**

<b>Property Address &amp; Parcel ID Numbers</b>	Property or Street Address:			
	Parcel I.D. Number(s):			
	Zoning District:			
<b>Project Description</b>				
	Does project involve Specially Designated Merchant License, Specially Designated Distributor License, or other liquor license?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<b>Applicant</b> <i>(Must have a legal interest in the property)</i>	Name:			
	Firm:			
	Address:			
	City:			
	State:		Zip Code:	
	Phone:		Email:	
	<input type="checkbox"/> Own the property			
	<input type="checkbox"/> Lease the property, if so what is term of lease?	Years:	W/ options? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Have offer to purchase property (attach purchase agreement)			
	<input type="checkbox"/> Other property interest: (e.g., architect, attorney, contractor, etc.)			
Applicant Signature:				

<b>Primary Contact</b> <input type="checkbox"/> Same as applicant	Name:			
	Firm:			
	Address:			
	City:			
	State:		Zip Code:	
	Phone:		Email:	
	Relationship to Applicant (e.g., architect, attorney, contractor, etc.)			
<b>Property Owner</b> <input type="checkbox"/> Same as applicant	Name:			
	Firm:			
	Address:			
	City:			
	State:		Zip Code:	
	Phone:		Email:	
	Relationship to Applicant (e.g., architect, attorney, contractor, etc.)			

Please note:

**The non-refundable fee made payable to the City of Flint must accompany your application.**