



Town of Orleans

Planning Board

19 School Road Orleans Massachusetts 02653-3699
Telephone: (508) 240-3700 x 435
Fax: (508) 240-3388

APPLICATION FOR A ROAD NAME CHANGE

Date: _____, 20 _____

A request to the Planning Board of the Town of Orleans for a road name change:

Name of Applicant or Representative: _____

Address: _____, Town: _____ State: _____ Zip: _____

Home Phone: (____) _____ Work Phone: (____) _____

Cell Phone: (____) _____ Fax: (____) _____

Current Road Name: _____

Proposed Road Name: _____

The properties affected by this change are noted on the following Town of Orleans Assessor's Map(s) _____ ,
and are listed as the following Parcel(s) numbers _____

Describe the reason for the proposed change: _____

Total road length in feet: _____ Zoning District: _____

Signatures of all owners on the road/street:

<u>Printed Name</u>	<u>Signature</u>	<u>Lot #</u>	<u>Street Address</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(Use separate sheet if needed)