



City of Molalla  
 P.O. Box 248  
 Molalla, OR 97038  
 503-829-7526



# STREET NAMING APPLICATION

\_\_\_\_\_  
 SUBDIVISION NAME (IF APPLICABLE)

\_\_\_\_\_  
 LAND OWNERS NAME

\_\_\_\_\_  
 PHONE

\_\_\_\_\_  
 MAILING ADDRESS

\_\_\_\_\_  
 APT/SUITE

\_\_\_\_\_  
 CITY

\_\_\_\_\_  
 STATE

\_\_\_\_\_  
 ZIP

\_\_\_\_\_  
 APPLICANTS NAME IF DIFFERENT FROM OWNER

\_\_\_\_\_  
 PHONE

\_\_\_\_\_  
 CITY

\_\_\_\_\_  
 STATE

\_\_\_\_\_  
 ZIP

\_\_\_\_\_  
 PROPOSED STREET NAME (DIFFERENT FORM FOR EACH STREET IF MORE THAN ONE STREET NAME IS BEING APPLIED FOR)

**STREET NAMES** Street names must not resemble any other names in the City of Molalla or Clackamas County. Staff must review street names for possible conflicts. If staff finds that the name given is not adequate then staff will inform the applicant of such decision with a written letter stating the reason for denial. The applicant will be required to respond to the new name within thirty (30) days before the application will become null and void. Permits will not be issued until staff has received and reviewed an approved application.

\_\_\_\_\_  
 Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Date of Application

Date Received: \_\_\_\_\_

Comp Plan/Zone: \_\_\_\_\_

Application Fees: \_\_\_\_\_ \$

Application Number: \_\_\_\_\_