



Date Received	_____
By	_____
Fee	_____
Case #	_____

STREET NAME CHANGE

(Print Legibly)

Applicant _____ Phone _____

Business Name _____

Address _____

City _____ State _____ Zip _____

Contact Person/Representative _____

Address _____

City _____ State _____ Zip _____

Existing Street Name Being Considered For Change _____

Cross Street Names Affected by the Proposed Name Change _____

Proposed New Street Name _____

Existing Assessor Parcel Number(s) Affected _____

Number of Dwelling Units Affected _____

Total Street Length in Feet Subject to Name Change _____

Applicant Signature _____ Date _____

Town of Yucca Valley
Community Development Department
58928 Business Center Dr
Yucca Valley, CA 92284
760 369-6575 Fax 760 228-0084

Submittal Requirements

Application Fee: See attached fee schedule

Property Data:

Names , Addresses and Assessor Parcel Numbers of all affected property owners.

Name and location of all existing sign posts.

Mailing labels pre-addressed for all affected property owners.

NOTE: This application does not relived the applicant from being responsible for the cost associated with the purchase and installation of the new street name signs