



## APPLICATION FORM

### Street Name Change or Memorial Dedication

City of Topeka Planning Department  
620 SE Madison, 3<sup>rd</sup> Floor (Unit #11)  
Topeka, KS 66607-1118  
Phone 785-368-3728 Fax 785-368-2535  
www.topeka.org/planning

## PLANNING OFFICE USE ONLY

Date Submitted \_\_\_\_\_ Case # \_\_\_\_\_  
**SNC/** \_\_\_\_\_  
Subdivision: \_\_\_\_\_  
Council District: \_\_\_\_\_  
NIA/NA: \_\_\_\_\_  
NIM Date: \_\_\_\_\_

## Applicant Information

Applicant(s): \_\_\_\_\_

Organization (if applicable): \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_

## Requested Action

Check one:  **Street Name Change**  **Memorial Designation**

Current Name: \_\_\_\_\_ Proposed Name: \_\_\_\_\_

**Location of street to be re-named or memorialized.** Note: street names shall be for a contiguous segment or the entire length of the street.

**Describe the reason(s) for the street name change:** (attach additional documentation if needed)

Was a pre-application meeting held?  **Yes**  **No** *If Yes:* Date Held \_\_\_\_\_ (attach minutes)

**The following items should be attached unless determined unnecessary by Planning Department:**

- Acknowledgment of next of kin
- Letters of support from neighborhood organization and affected stakeholders
- Neighborhood Information Meeting minutes and sign-in sheet
- Background history of current and proposed name

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Typing your name here constitutes your signature attesting that everything above is true to the best of your knowledge.