

Louis Gordon  
Planning and Zoning Administrator  
575 763 9639



**City of Clovis**  
**STREET NAME CHANGE APPLICATION**  
P.O. BOX 760, Clovis, NM 88101  
**Fee: \$300.00**

Date: \_\_\_\_\_ Receipt No. \_\_\_\_\_

Meeting Date: \_\_\_\_\_ Time: 3 pm Place: Assembly Room, Bert Cabiness  
Government Center, 321 N Connelly Street, Clovis, NM 88101

Name of Applicant: \_\_\_\_\_

Address of Applicant: \_\_\_\_\_

Phone Number of Applicant: Work: \_\_\_\_\_ Home: \_\_\_\_\_

Name of Owner: \_\_\_\_\_

Address of Owner: \_\_\_\_\_

Phone Number of Owner: Work: \_\_\_\_\_ Home: \_\_\_\_\_

Street Segment to be Renamed: \_\_\_\_\_

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

Address of Contiguous Lots: \_\_\_\_\_

Legal Description of Contiguous Lots: Block: \_\_\_\_\_ Lots: \_\_\_\_\_

Subdivision: \_\_\_\_\_

Flood Plain: Yes \_\_\_\_\_ No \_\_\_\_\_

Zoning District: \_\_\_\_\_ Survey Required: Yes \_\_\_\_\_ No \_\_\_\_\_

**THE NAME OF A STREET OR PUBLIC WAY SHALL BE CHANGED ONLY IF THE CITY COMMISSION FINDS THAT THERE WILL BE A PUBLIC BENEFIT WHICH CLEARLY OUTWEIGHS THE PUBLIC CONFUSION AND COSTS THAT WOULD BE CREATED BY THE NAME CHANGE. (ORD. 1576-98 SS 2 (PART), 1998).**

I hereby certify that all information in this application is correct and that any additional required permits will be obtained. All work will be done in strict accordance with the building, zoning and plumbing codes of the City of Clovis, New Mexico. I have read the above notices and understand them.

Signature of Applicant: \_\_\_\_\_

Signature of Owner: \_\_\_\_\_

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