

**TOWN OF WALES
PLANNING BOARD
ROAD RENAMING FORM**

Date _____

Current Road Name _____

Proposed Road Name _____

Proposed Road Name (Alternate) _____

Assessors Tax Map Number(s) _____ Assessors Parcel ID(s) _____

House Numbers from _____ to _____

Number of Abutters _____

Applicant _____

Address _____

Telephone Number _____

Email _____

The applicant/abutters will be notified by the Code Enforcement Coordinator of the public hearing date at which the request to change the road name will be heard.

*The Code Enforcement Coordinator will be responsible for informing abutters of the action taken by the Planning Board at the hearing. **The Fire Department will determine if renumbering of addresses is necessary.***

For Fire Department use only: _____ Date _____

Proposed Road Name approval Yes ___ No ___ Proposed Road Name (Alternate) approval Yes ___ No ___

Print name of Fire Department official _____

Signature _____

For Planning Board use only: _____ Public hearing date _____

Road Name approved _____ Road Name change disapproved _____

Print name of Planning Board Chair or designee _____

Signature _____