



GIS/E-911 Addressing Development/Road Name Application

Applicant:

Name: _____

Address: _____

Telephone: _____

Email: _____

Request Type: Please check the appropriate box:

- New Development Name/Road Names
- Change Development Name
- Change Road Name
- New Private Road Name
- County Initiated Request

Associated PIN ID (Tax Map Number): _____**Existing Development Name:** (if change is proposed) _____**Proposed Development Name:** (if applicable) _____**Existing Road Name:** (if name change is proposed): _____**Proposed Road Name(s):** *Please choose **ATLEAST 3** potential name options*

1. _____ 5. _____

2. _____ 7. _____

3. _____ 8. _____

4. _____ 9. _____

5. _____ 10. _____

Do you plan to use Custom Road Name Signs? Yes No*(Office Use Only)* ZIP Code : _____**County Comments** (if applicable): _____**NOTE:** Incomplete applications will not be accepted.**SUBMIT QUESTIONS, APPLICATION TO:**

Town of Awendaw - Planning Department

6971 Doar Road

Awendaw, SC 29429

Telephone: (843) 928-3100

Email: planningclerk@townofawendawsc.org

Applicant / Rep Signature _____

Date _____

APPROVED: _____ (Office Use Only)