



# City of Pompano Beach Street Dual-Naming Application

**Directions:** Please fill out this form completely. Any omissions may cause the application to be delayed or rejected. Please present all required supporting documentation along with application for a complete package. A non-refundable deposit check in the amount of \$500.00 made payable to the City of Pompano Beach must accompany the application package in order for it to be submitted for review.

### Applicant Information

<b>Applicant Name:</b>	Debra LeSane	<b>E-mail:</b>	Debra LeSane <dr_lesane@yahoo.com>
<b>Mailing Address:</b>	2051 NW 15 <sup>th</sup> Ave. Pompano Bch 33060	<b>Phone:</b>	754-366-4468
		Note: E-mail is the preferred method of contact unless specified here:	

Does applicant own property on the street to be renamed (check one):  Yes  No

### Street to be Dual-Named

**Type of Petition:**  Dual-Naming of an Existing Named Street

#### List Proposed Dual-Street Name for consideration

- 1) It's not a street, but a walking trail. To be named "Irving Family Memorial Trail".
- 2)
- 3)

**Street Location:** Describe the location of the street. Be as specific as possible. Refer to direction and major intersection(s) nearby. Provide map of affected street including the beginning and ending of the requested dual naming.

Across from the Annie L. Weaver Health Center at 2011 NW 3rd Avenue (see attached location aerial).

**Properties affected:** Number of residences \_\_\_\_\_ Number of businesses \_\_\_\_\_ Number of vacant lots \_\_\_\_\_

<b>I have received a copy of the Dual Street Naming procedures and have had the opportunity to discuss any questions I have with Staff.</b>	(Initial) <i>DL</i>
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### Criteria Requirements

Is the person(s) whose name(s) are being considered for the dual naming deceased?  Yes  No

Is the biographical information of the proposed person(s) attached defining the specific services and accomplishments made by person(s) in their community (Reference attached Criteria Guidelines 1-9)  Yes  No

I understand that the proper name will require recommendation by the Public Works Director or Recreation Programs Administrator with appeal available through the City Manager's office. If recommended for approval, City Commission will be providing final approval.	(Initial) <i>DL</i>
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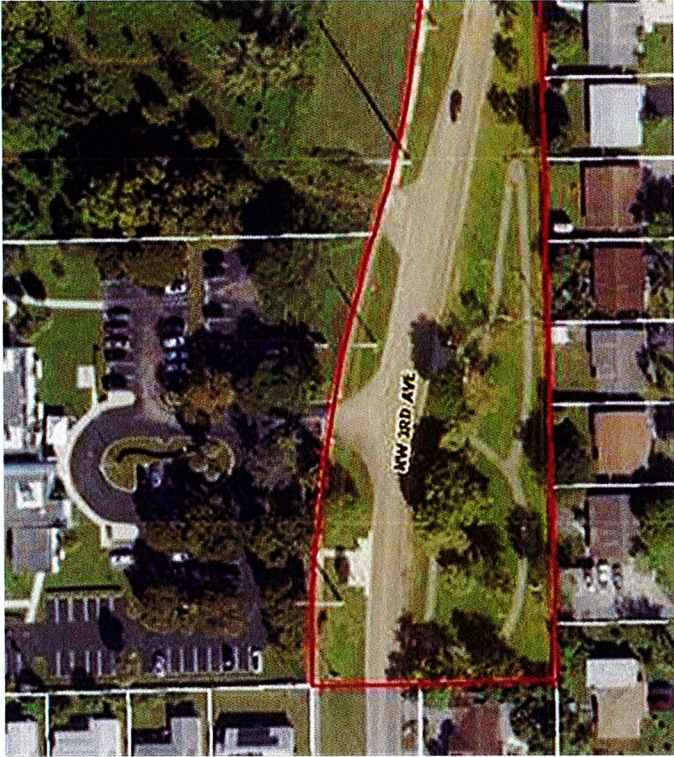
### Property Owner Notification

All owners of property (vacant or developed property) adjoining the street must sign the dual naming petition expressing agreement or disagreement with the name choice(s). City staff will provide a template to the applicant for mailing to all parties along the proposed street. All mailings are to be sent by applicant via Certified Mail with Return Receipt for delivery.

If a property owner is unwilling or unable to sign the petition, the applicant shall certify to the City of Pompano Beach that the adjoining property owner(s) was sent a letter by certified mail describing the proposed dual naming. The applicant shall attach thereto a listing of all property owners sent the letter; a copy of the letter; and for each letter sent, the Receipt for Certified Mail (white slip) and Return Receipt for Certified Mail (green slip) showing that the letters have been delivered, or the letters themselves and the returned mailing envelopes thereof for each notification.

Have you attached a listing of all property owners sent the certified letter?	N/A <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Have you attached the letters and the original return receipt you sent to each property owner unwilling or unable to sign the petition?	N/A <input type="checkbox"/> Yes <input type="checkbox"/> No - It's a trail not a street.





Across from the Annie L. Weaver Health Center at 2011 NW 3rd Avenue