

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 Inforn	nation			
Applicant Name: Debra LeSane	E-mail:	Debra LeSane <dr_lesane@yahoo< td=""><td>o.com></td></dr_lesane@yahoo<>	o.com>	
Mailing Address: 205/ NW 15 Aus.	Phone:	754-366-4468		
Mailing Address: 205/ NW 15 Aus. Pompono Bch 3306		nail is the preferred method of con ecified here:	atact	
Does applicant own property on the street to be renamed (check one):	Yes ⊠ N	0		
Street to be Dual-				
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 Men	norial Trail			
2)				
3)				
Street Location: Describe the location of the street. Be as specific as possinearby. Provide map of affected street including the beginning and endin Across from the Annie L. Weaver Health Center at 2011 NW 3rd Avenue	ig of the rec	quested dual naming.	n(s)	
Properties affected: Number of residences Number of busin				
I have received a copy of the Dual Street Naming procedures and have questions I have with Staff.	e had the c	opportunity to discuss any	(Initial)	
Criteria Require				
Is the person(s) whose name(s) are being considered for the dual naming of	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)	
Property Owner No	tification	1		
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? Have you attached the letters and the original return receipt you sent to easign the petition?		owner unwilling or unable to	N/A ☐ Yes ☒ No N/A ☐ Yes ☐ No - It's a trail not a street	

Fees					
All fees must be submitted with this application and made payable to the City of Pompano Beach. The application fee is					
nonrefundable, even if the name is denied. Sign fees must be paid at the time of submission by separate check. If the street name is					
denied, the sign fee check will be returned to the applicant. City staff will provide the type and number of signs needed for the					
subject dual naming and advise applicant of total fees required to complete. Street Dual Naming Application Fee (non-refundable)			\$500.00		
			TBD		
Sign Manufacture and Installation Fees (provided by City Staff)		IBD			
PLEASE MAIL COMPLETED APPLICATION AND ALL SUPPORTING DOCUMENTATION BACK TO:					
Public Works Administration					
1201 NE 5 th Avenue					
Pompano Beach, Florida 33060					
Completed applications and supporting required documentation may also be emailed to: Nicole.Louramore@copbfl.com					
By signing this application, I acknowledge that: 1) City staff has explained the street dual naming process and the biography requirements, as necessary; 2) there is no guarantee that this street dual naming request will be approved; 3) there is no refund of application fees if this request is denied; and 4) any changes to a proposed dual street naming once put on reserved status will be considered a new street name requiring a new application, a new petition, and fees to be paid again.					
Signed: Wah Z		Date: 5-17-2022			
	This sec	ction to be filled out by Staff			
Date Received:		Criteria presented Acceptable?	I N/A □ Yes □ No		
Accepted by:		Notification requirements met?	□ Yes □ No		
Applicant information complete?	□ Yes □ No	Pompano Beach Historical Society review Date:	□ Yes □ No		
Property List Provided?	□ Yes □ No	Renaming fee submitted and correct?	□ Yes □ No		
Street name(s) in accordance with Naming Guidelines and Procedures	☐ Yes ☐ No	Street sign fee submitted and correct?	□ Yes □ No		
Street name(s) in accordance with Naming Guidelines and Procedures:		Street sign fee returned? Date:	□ Yes □ N/A		
□ Yes □ No		Sign Shop Notice sent?	□ Yes □ N/A		
Notes:					



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