

COLUMBIA COUNTY
LAND DEVELOPMENT SERVICES

Columbia County Courthouse ♦ St. Helens, Oregon 97051 ♦ (503) 397-1501 ♦ Fax: (503) 366-3902

APPLICATION TO NAME / RENAME A ROAD

Applicant Name	Date of Application
Mailing Address	Applicant Signature
City, Zip	Phone Number

Township, Range, Section(s): _____

General Location: _____

Current Road Name: *(If any)* _____

Proposed Names: 1st Choice: _____
(Please list three) 2nd Choice: _____
 3rd Choice: _____

Reason for Name Change: _____

Affected Properties: *(Attached additional page if necessary)*

Owner Name (Print)	Address
Signature	Tax Account #
Owner Name (Print)	Address
Signature	Tax Account #
Owner Name (Print)	Address
Signature	Tax Account #
Owner Name (Print)	Address
Signature	Tax Account #

Applicant: Please return completed application to Land Development Services.

For Office Use Only

Date Rec'd _____ Receipt # _____ Check # _____ Staff Member _____

THIS SIDE FOR OFFICIAL USE ONLY

REFERRAL AND ACKNOWLEDGMENT

To: ☐ City of _____ (*if inside UGB*)
 ☐ Columbia 911
 ☐ County Roadmaster
 ☐ Fire District (Name: _____)
 ☐ Post Office (City: _____)
 ☐ Cartography
 ☐ Electric Utility _____

Planner: _____

Date Mailed: _____ **Reply by:** _____

This Application to Name/Rename a Road is being referred to you for your information and comment. Your recommendation and suggestions will be used by the County Planning Department and/or the Columbia County Board of Commissioners in arriving at a decision. Your prompt reply will help us to process this application and will ensure the inclusion of your recommendations in the decision making process. Please comment below.

1. _____ We have reviewed the enclosed application and have no objection to its approval as submitted
We recommend Choice # ____.
2. _____ Please see our comments below.
3. _____ We are considering the proposal further, and will have comments to you by _____.
4. _____ Our board must meet to consider this; we will return their comments to you by _____.
5. _____ Please contact our office so we may discuss this.
6. _____ We recommend denial of the application, for the reasons below:

COMMENTS: _____

Signed: _____

Title: _____ Date: _____

Agency: Please return completed Referral and Acknowledgment to Land Development Services.

