WELLFLEET PLANNING BOARD
WAY NAME CHANGE FORM

Date __________

Request to Change Name of Way __________
to Proposed Name
First choice: ____________________________________________

Second choice: __________________________________________

Welfleet Assessor’s Map#(s) _________ Parcels _______ (Involved in Change)

Running from _______________ to ________________

Number of Abutters to Way ________________

Applicant (Person Making Request) ________________________________________

Address ____________________________________________________________

Tel. No. __________________ E-mail address ______________________________

The applicant will be responsible for informing abutters of the action taken by the Planning Board. The Fire Department determines if renumbering of addresses is necessary.

For Fire Dept. use only:

Proposed first name choice approved: Yes_____ No_____ 2nd choice: Yes_____ No____

Print name of Fire Dept. official: ____________________________________________

Signed: __________________________________________________________________

For Planning Board use only:

Date____________________

Name approved: ___________________________ Vote __________

Print name of Planning Board Chair or representative: ________________________________

Signed: __________________________________________________________________

9/9/12