

## **NAMING APPLICATION**

As per Stony Plain's Town Naming Policy

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DATE REC	PATE RECEIVED: RELATED FILE NO.:							
I. CONTACT INFORMATION								
I AM:	The registered landowner	An agent acting on	behalf of the registered	landowner	Other:			
NAME:		<u> </u>	COMPANY:		<u> </u>			
ADDRESS:								
CITY:			PROV:	F	P/C:			
EMAIL:			PHONE:					
2. PURPOSE								
I AM APPLYING TO: Assign new name(s) Rename/repeal existing name(s) Appeal naming decision								
3. TYPE OF NAME(S) REQUESTED								
Road (No	on-arterial)		Arterial Road					
Private Development or Building			☐ Neighbourhood					
Park, Trail, or Stormwater Management Facility			☐ Municipal Building					
Recreation Facility			☐ Commemorative*					
☐ Water C	ourse		Decision authority: Council					
Other Ut	cility Facility		*Must be an approved name on the Significant Names Registry					
Decision aut	hority: Administration							
4. PROPOSED NAMING OPTION(S)								
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F. PATIONALE FOR PROPOSED NAMING ORTION(S)								
5. RATIONALE FOR PROPOSED NAMING OPTION(S)								
6. AUTHO	ORIZATION							
I acknowledge that I have reviewed the Town Naming Policy and have proposed naming options that comply with the policy.								
initial								

	I hereby certify that I am the registered owner/authorized to act on behalf of the registered owner and that the information given on this form is full					
initial	and complete and is, to the best of my knowledge, a true statement of facts relating to this application for naming (Not applicable for naming requests for an arealfeature on public land)					
DATE:		NAME:	SIGNATURE:			

Contact us: Town of Stony Plain • 4905 51 Avenue • Stony Plain, Alberta T7Z IYI • Phone: (780) 963-8598 • Email: <a href="mailto:planning@stonyplain.com">planning@stonyplain.com</a> • Website: <a href="www.stonyplain.com">www.stonyplain.com</a> Updated: March 16, 2023