



CITY OF HOBOKEN

Department of Health & Human Services
 94 Washington Street
 Hoboken, NJ 07030
 Tel (201) 420-2012 Fax (201) 239-6631
 Website : www.hobokennj.gov

STREET NAMING/RENAMING APPLICATION

TO BE COMPLETED BY HEALTH & HUMAN SERVICES STAFF	
FILE NUMBER/PROPOSED NAME	Receipt # _____
PROJECT LOCATION	Date _____
COUNCIL DISTRICT	Amount _____
PLANNING BOARD APPROVAL	By _____
TO BE COMPLETED BY APPLICANT	
PROPERTY LOCATION	
EXISTING STREET NAME	PROPOSED STREET NAME
	PROPOSED STREET NAME
	PROPOSED STREET NAME
ATTACH FOLLOWING EXHIBITS:	
<input type="checkbox"/> A petition with 1,000 signatures from City residents or 75% of the abutting property owners <input type="checkbox"/> A letter from honoree's surviving spouse, children, or parents or proof that a good faith effort was made. <input type="checkbox"/> A document showing the date of the proposed honoree's death to show it has been 5 years. <input type="checkbox"/> A complete biography of the proposed honoree with references of substantiation.	
Please see the attached Hoboken City Code Sections #168-901 et seq.	
Is this proposal associated with another File/Permit?	
File Number: _____	
CONTACT PERSON	
PRINT NAME OF CONTACT PERSON	
PRINT NAME OF COMPANY	
MAILING ADDRESS	CITY STATE ZIP CODE
DAYTIME PHONE #	FAX # EMAIL ADDRESS

PLEASE CALL THE APPOINTMENT DESK AT (201) 420-2012 FOR AN APPLICATION APPOINTMENT.

PETITION(S)/APPLICANT(S)			
<input type="checkbox"/> Hoboken Resident		<input type="checkbox"/> Abutting Property Owner	
PRINT NAME		NAME OF FIRM,IF APPLICABLE	
MAILING ADDRESS		CITY	STATE ZIP CODE
DAYTIME PHONE #	FAX #	EMAIL ADDRESS	
<input type="checkbox"/> Hoboken Resident		<input type="checkbox"/> Abutting Property Owner	
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