



CITY OF
GEARHART

City Of Gearhart
Planning Department
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CITY OF GEARHART ROAD NAME APPLICATION

DATE: _____

Applicant Name: _____

Mailing Address: _____

Phone Number: _____ Email: _____

Parcel/Assessors Plat: _____

Location Description _____
(Direction from and location of closest intersection/nearest milepost)

Current Road Name: _____

New Proposed Road Name: _____

New Alternative Name 1: _____

New Alternative Name 2: _____

Is the road privately owned or a City of Gearhart Road _____

Attachments:

- 1) Names, site addresses, and mailing addresses of property owners adjacent to road.
- 2) Map of road location
- 3) Most recent survey or plat identifying road easement or right of way boundaries.

Reason for Change:

- New construction, development, subdivision resulting in third lot or building
- Incorrect or misleading address
- Safety concerns
- Emergency services access
- Other (please specify): _____

Additional Information or Comments: _____