



City of Nampa – Engineering Division – GIS Staff

# Private Street Name Assignment Request

*This application is to be completed and submitted to the Engineering GIS Staff.  
Names for new streets shall be approved by Nampa City Council.*

**The following must be provided as part of this application:**

- A typewritten or printed list of names and addresses of all persons having a legal right to use the road.
- Application must be signed by all property owners
- A dimensioned sketch showing the location, configuration and length of the private road.
- A list containing a minimum of three proposed street names, listed in order of preference. Names must comply with City of Nampa Engineering Development Process and Policy Manual.

**Applicant(s):** \_\_\_\_\_ **Phone:** \_\_\_\_\_

*Name*

\_\_\_\_\_

*Street Address*

*City*

*State*

*Zip*

\_\_\_\_\_

*Email (optional)*

**Location of Private Street** *(Two Nearest Cross Streets):*

\_\_\_\_\_  
*Map, plat or sketch may be submitted in lieu of above information*

We, the undersigned, declare that we are property owners who rely on the private road for ingress/egress and have the legal right to do so. We understand that we are responsible for purchasing of a private road sign of a design meeting the City of Nampa Standard Construction Specifications. Installation of the road sign must be verified in a manner acceptable to the City of Nampa Street Superintendent. **Failure to provide said verification within 90 days from the date of road name approval will void this application.** We further understand that our address numbers may change as a result of naming this private road.

**Signed:** \_\_\_\_\_  
*Primary Applicant/Property Owner*

**Date:** \_\_\_\_\_

**Signed:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Signed:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Signed:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Signed:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Signed:** \_\_\_\_\_

**Date:** \_\_\_\_\_

*(Please attach additional sheets if more signatures are required)*

**For Staff Use Only:**

*Revision: 9/23/13*

Dept Review    Centerline    CCAP    LDO    Affidavit    Instrument #    Parcel    Mail/E-mail  
Staff: \_\_\_\_\_ Date Completed: \_\_\_\_\_ Further Action Required: \_\_\_\_\_