



MUNICIPALITY OF THE DISTRICT OF WEST HANTS

P.O. Box 3000, 76 Morison Drive
Windsor, Nova Scotia B0N 2T0
Tel: (902) 798-6900 Fax: (902) 798-8553

APPLICATION TO NAME A ROAD

1. Applicant Name: _____
Mailing Address: _____
Telephone: _____ Email: _____

2. Application Type

a. Naming New Public or Private Roads Created Through the Subdivision Approval Process

Property Owner(s): _____

West Hants Plan Number: _____ Number of new roads: _____

b. Naming Existing Unnamed Roads (complete petition on reverse side)

Location: _____

Reason(s) for change: _____

Number of dwelling(s)/businesses on the proposed road: _____

c. Changing an Existing Road Name (complete petition on reverse side)

Existing Name(s): _____

Location: _____

Reason(s) for change: _____

Number of dwelling(s)/businesses on the proposed road: _____

3. Proposed Name(s) (see criteria on reverse side)

	Road A:	Road B:	Road C:
First Choice:			
Second Choice:			
Third Choice:			

4. Please sketch or submit map showing approximate location of the road(s) and intersections with other primary roads:

5. Signature: _____ Date: _____

