

Road Name/Subdivision Name Approval Form

Date _____

Person Making Request: _____

Company Representing: _____

Contact Phone #: _____ Contact Person Email Address: _____

Location of road/subdivision to be developed: _____
(Main road, nearest intersection or address where road/subdivision will be located)

Tax Map #: _____

Subdivision Name Preference: _____ 1st Choice

_____ 2nd Choice

_____ 3rd Choice

Road Name Preference:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Road/ Subdivision names will not be duplicated nor shall sound phonetically similar to any existing road name or subdivision name already developed in York County.

Number of road names needed: _____ Approval Deadline Date: _____

Please allow 3 – 5 business days for a response to the road/subdivision names being submitted for approval. If you have any questions or would like to discuss this process please call 803-329-0911 and ask to speak with someone in our Addressing Department.