

SUGGESTIONS FOR COMPLETING THE NEW ROAD NAME PETITION

Please make sure you complete all required parts of the form and meet all the stated criteria so that your petition will pass its initial review. A rejection of your request at any point in the process will activate a twenty-four (24) month waiting period before another petition will be accepted for processing.

Road Name Selection

Personal names are strongly discouraged because many difficulties have resulted from allowing personal names at the outset of the naming program. If a name you wish to have considered begins with a word that has already been used for a road name anywhere in the county or municipalities, it will have to be refused. This is in order to avoid duplication that can lead to problems when wireless communication equipment is used to call for emergency response. You are welcome to contact the 9-1-1 Addressing personnel to check for duplication before submitting your petition. You can contact the 9-1-1 Addressing Department @ 251-947-5911.

Who Can/Must Sign the Petition?

100% of those affected must sign the petition.

The Building Official shall have the authority to reject any proposed road name that in his opinion may increase the unauthorized removal of the road sign.

NEW ROAD NAME POLICY & PROCEDURE
FOR BALDWIN COUNTY 911 PURPOSES

Effective ~~March 15, 1994~~ December 6, 2016 the Baldwin County Commission set a new policy for road naming by officially adopting the following resolution:

IT IS THE INTENT THAT PRIVATE ROADS HAVING THREE OR MORE RESIDENTIAL AND/OR COMMERCIAL STRUCTURES WILL BE NAMED BY THE BUILDING DEPARTMENT AND ADDRESSED BY THE BALDWIN COUNTY EMERGENCY COMMUNICATIONS DISTRICT. IN ADDITION, ANY UNAMED ROAD LEADING TO CEMETERIES CAN BE NAMED AS LONG AS THEY ARE SEPARATE FROM ANOTHER NAMED ROAD.

This policy supersedes all previously existing ~~policy policies~~ with regards to the naming of private and public roads for the 911 Enhanced Emergency Response System in Baldwin County.

In the event you meet the criteria for naming a road under the present system you must complete and return this form to the attention of **Kim Nelson, Baldwin County Building Inspection Department, 201 E. Section Avenue., Foley, AL 36535.**

Submit no less than three names:

First Choice: _____

Second Choice: _____

Third Choice: _____
(Generic-type names will receive preference over personal names.)

Location of Road: _____

Tax Map Number(s): _____
(Give exact location and direction of how the road will run through the property/ties.)

Check one: Private Road/Drive ____; Right-of-Way ____; Easement ____
Please give width of road or driveway and approximate length: Width ____ Length ____

On the next page list the names, mailing addresses, and telephone numbers of all land and building owners who will be located on this road. There is a separate section on the page for their signatures, which are **Required**. Be specific: list future development if known and possible time of development. This could be a factor in approval of your application. Each structure will be renumbered. Include a specific description of the location of each driveway with this petition (e.g., you turn into John Doe's driveway 20 feet north of his south property line). In the Comments section give a brief background history and why you think the road should be named. Attach another sheet if necessary.

Names: _____

Comments: _____

After reviewing the application, if the Building Official approves the naming of the road, a reasonable time should be allowed to properly implement the new name into the Enhanced 911 Emergency System of Baldwin County. Applicants approved or denied will be notified by mail.

I/We, the undersigned, have read and understand that the naming of this road is for the sole purpose of the Enhanced 911 Response System of Baldwin County. ***I/We further understand that the naming of the road will in no way constitute responsibility for road maintenance of any type by the Baldwin County Commission, its agents or assignees, now or in the future.***

Signature(s) of applicant(s) (all involved; attach another sheet if needed):

Choose one person as group representative: _____

Telephone No. _____
.....
(OFFICE USE ONLY) Date application received: _____

Recommended Action: _____

Results: _____

