



# Road Naming

**A ROAD NAMING (RDN) application may be used to name a new road, or to rename an existing road.**

## THIS PACKAGE CONTAINS

- ✓ SUBMITTAL REQUIREMENTS
- ✓ APPLICATION

## AND, IF ✓'D, ALSO CONTAINS

- AGREEMENT TO PAY FOR PROCESSING FEES

[Click to download Agreement to Pay form](#)

- PLAN AND MAP REQUIREMENTS

[Click to download Site Plan and Topographical Map Requirements](#)

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### South County Office

123 E. Anapamu Street  
Santa Barbara, CA 93101  
Phone: (805) 568-2000  
Fax: (805) 568-2030

### Energy Division

123 E. Anapamu Street  
Santa Barbara, CA 93101  
Phone: (805) 568-2000  
Fax: (805) 568-2030

### North County Office

624 W. Foster Road, Suite C  
Santa Maria, CA 93455  
Phone: (805) 934-6250  
Fax: (805) 934-6258

Website: [www.sbcountyplanning.org](http://www.sbcountyplanning.org)

## SUBMITTAL REQUIREMENTS FOR ROAD NAMING

### Military Land Use Compatibility Planning Requirements

Is the site located in an area with any military uses/issues?  Yes  No

Please review the website to determine applicability. <http://cmluca.projects.atlas.ca.gov/>. This requirement applies to all General Plan Actions and Amendments, and Development Projects that meet one or more of the following conditions:

- 1) Is located within 1,000 feet of a military installation
- 2) Is located within special use airspace, or
- 3) Is located beneath a low-level flight path

Copy of report attached?  Yes  No

### Cities Sphere of Influence

Is the site within a city sphere of influence?<sup>1</sup>  Yes  No

If yes, which city? \_\_\_\_\_

\_\_\_ 6 Copies of completed application

#### Applications to be distributed to:

Santa Barbara County Elections Office  
 Santa Barbara County Fire Department  
 Santa Barbara County Sheriff's Dispatch  
 Santa Barbara County Surveyor's Office  
 U.S. Postal Service, Attn: Laura Gadsby, 836 Anacapa Street, Santa Barbara CA 93102-9320

\_\_\_ 6 Copies of the map showing the location of the road to be named or renamed and the configurations of all affected parcels.

[Click to download Site Plan and Topographical Map Requirements](#)

\_\_\_ 1 Copy of the road naming petition. **For an existing road, a petition must be filed with signatures of property owners or tenants representing 2/3 of the dwellings or businesses located along the road segment to be named or renamed.**

\_\_\_ 1 Agreement to Pay Form.  
[Click to download Agreement to Pay form](#)

\_\_\_ 1 Check Payable to Planning & Development.

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<sup>1</sup>If additional information is needed regarding location of a City's Sphere of Influence, please contact our zoning information counter.  
 Updated by FTC 081814

## ADVISORY

### **Remember, road names must:**

1. not duplicate or sound like existing road names in the County; and
2. not be the last name of a living person; and
3. not have more than 23 letters, including punctuation and spaces; and
4. be properly spelled and grammatically correct; and
5. use the correct road way classification; and
6. be easy to pronounce.

You will be informed of the hearing date for consideration of the road naming request. All affected residents or tenants will be notified once a new name is official. If the road is maintained by the County, the County will help change the road sign. If the road is private, you must make arrangements with the County Transportation Department to install a sign.



PLANNING & DEVELOPMENT
PERMIT APPLICATION

SITE ADDRESS:
ASSESSOR PARCEL NUMBER:
PARCEL SIZE (acres/sq.ft.): Gross Net
ZONING:
COMPREHENSIVE/COASTAL PLAN DESIGNATION:
Are there previous permits/applications?
Did you have a pre-application?
Are there previous environmental (CEQA) documents?
Project description summary:

1. Financially Responsible Person (For this project)
Mailing Address: Street City State Zip Phone: FAX:
2. Owner:
Mailing Address: Street City State Zip Phone: E-mail: FAX:
3. Agent:
Mailing Address: Street City State Zip Phone: E-mail: FAX:
4. Arch./Designer:
Mailing Address: Street City State Zip Phone: FAX: State/Reg Lic#
5. Engineer/Surveyor:
Mailing Address: Street City State Zip Phone: FAX: State/Reg Lic#
6. Contractor:
Mailing Address: Street City State Zip Phone: FAX: State/Reg Lic#

I hereby certify to the best of my knowledge, the information contained in this application and all attached materials are correct, true and complete.

Signature

Print name/date

\*\*\*\*\*

COUNTY USE ONLY

Case Number: Companion Case Number:
Supervisory District: Submittal Date:
Applicable Zoning Ordinance: Receipt Number:
Project Planner: Accepted for Processing
Zoning Designation: Comp. Plan Designation:

**List the proposed name and at least one alternate name**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. Existing road name (if applicable): \_\_\_\_\_

5. Type of road: \_\_\_\_\_ Private \_\_\_\_\_ Public (County maintained)

6. Location of road (distance from cross streets, city/township):

\_\_\_\_\_

\_\_\_\_\_

7. If application is to change an existing road name, explain reason: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_