



**CITY OF BLACK DIAMOND
WAY-OF-TRAVEL NAME CHANGE
APPLICATION**

(Per BDMC 12.08.030)

OFFICE USE ONLY

FILE #	
FEE PAID	

24301 Roberts Dr., PO Box 599 Black Diamond, WA 98010
Phone: (360)886-5700, Fax: (360)886-2592

EXISTING WAY-OF-TRAVEL NAME/LOCATION:

APPLICANT NAME	ADDRESS
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EMAIL	PHONE	FAX
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CONTACT NAME	ADDRESS
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EMAIL	PHONE	FAX
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DESCRIPTION OF PROPOSED CHANGE (must attach a map showing way-of-travel and adjacent affected property/properties):

ADJACENT AFFECTED PARCEL #s:

***Applications for redesignation must contain the signatures of the majority of persons having ownership in property addressed on the way-of-travel. Attach an additional sheet if necessary.**

I certify under penalty of perjury, under the laws of the State of Washington, that the foregoing and attached exhibits are true and correct. I further certify that I am the owner of the property described above or authorized to act on behalf of the above interested parties.

OWNER*

PRINT NAME
SIGNATURE

APPLICANT/AGENT

PRINT NAME
SIGNATURE

OWNER*

PRINT NAME
SIGNATURE

OWNER*

PRINT NAME
SIGNATURE

OWNER*

PRINT NAME
SIGNATURE

OWNER*

PRINT NAME
SIGNATURE