**FORSYTH COUNTY REQUEST FOR SUBDIVISION/ROAD NAME APPROVAL**

Note: Prior to completing this form please read and understand the Forsyth County SUBDIVISION AND ROAD NAME POLICY AND PROCEDURE located online. Click on Departments; select Engineering from All Main Departments drop down box.

\*\*Please see notation at bottom, of page\*\*

|  |  |
| --- | --- |
| **DATE SUBMITTED:** |       |
| **CONTACT NAME:** |       |
| **COMPANY NAME:** |       |
| **PHONE:** |       |
| **FAX:** |       |

|  |  |  |
| --- | --- | --- |
|  | **Yes** | **No** |
| **PROPOSED** |  | **ENG** |[ ] [ ]
| **SUBDIVISION NAME:** |       | **911** |[ ] [ ]
| IF NO, THE REASON (to be completed by the reviewer): |       |  |  |  |

|  |  |  |
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| **ALTERNATE****NAME:** |       | **ENG** |[ ] [ ]
|  |  | **911** |[ ] [ ]
| IF NO, THE REASON (to be completed by the reviewer): |       |

|  |  |
| --- | --- |
| **PROPERTY LOCATION:** (required) |       |
| **PROPERTY ZIP CODE:** (required) |       |

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| **PROPOSED ROAD NAMES** | **APPROVAL** | **COMMENTS** |
| **ENG** | **911** |
|       | Y [ ] N [ ]  | Y [ ] N [ ]  |       |
|       | Y [ ] N [ ]  | Y [ ] N [ ]  |       |
|       | Y [ ] N [ ]  | Y [ ] N [ ]  |       |
|       | Y [ ] N [ ]  | Y [ ] N [ ]  |       |
|       | Y [ ] N [ ]  | Y [ ] N [ ]  |       |
|       | Y [ ] N [ ]  | Y [ ] N [ ]  |       |
| Date Submitted to 911: |       | Misc. Comments:       |
| Date Returned to Engineering: |       |       |

\*\*PLEASE RETURN COMPLETED FORM BY E-MAIL TO kareilly@forsythco.com OR BY FAX TO (770) 781-2104 Revised 03-19-24 IST