



CITY OF ATLANTA

55 TRINITY AVENUE, S.W. SUITE 3350 – ATLANTA, GEORGIA 30303-0308
404-330-6145 – FAX: 404-658-7491
www.atlantaga.gov

Private Street Name Request Form

This form is for surveyors and developers doing business in the City of Atlanta whom need to request street names for development projects containing private streets (*per Sec. 16-02.019 (6)(a)*). Submit form with an attached 17 x 22 (minimum) site plan. The review process may take up to thirty (30) business days.

Applicant's Name: _____ Date: _____

Phone Number: _____ Email Address: _____

Property Owner's Name: _____

Relevant Zoning Number & Address (*if applicable*): _____

Proposed Street Name 1st Choice: _____

2nd Choice: _____

3rd Choice: _____

Please email, mail, or fax the completed form to:

Paul Thomas, GIS Manager
Office of Planning
55 Trinity Avenue, S.W.
Suite 3350
Atlanta, GA 30303-0310
pthomas@atlantaga.gov
Fax (404) 546-9026



SECTION FOR OFFICE OF PLANNING COMMENTS

Comments: _____
