



TOWN OF MOUNT DESERT

Assessing Office

P.O. BOX 248 21 SEA STREET
NORTHEAST HARBOR, MAINE 04662
207-276-5531 FAX 207-276-3232

www.mtdesert.org

NEW STREET NAME APPLICATION

INSTRUCTIONS:

- * Complete information on page 1 only. Page 2 on back is for Office Use Only.
- * Submit a map with your application showing road(s).
- * Submit a separate application for each road.

1. Applicant Info:

Name

Tax Map/Lot#

Mailing Address

City

State

Zip

Telephone Number

2. Road Name Choices

Please refer to existing road name list to avoid duplicate and/or similar sounding names and please use the suffix "**Way**" for all private roads. There can be no punctuation in the name.

Choice #1

Way

Choice #2

Way

Choice #3

Way

Signature of person requesting Street Name

Date

Town of Mt. Desert
New Street Name Application

Map/Lot#

Office Use Only

Fire Chief:	Approves _____	Denies _____
Fire Chief Signature: _____		Date _____
If denied please state reason:		

Police Chief:	Approves _____	Denies _____
Police Chief Signature: _____		Date _____
If denied please state reason:		

E911 Officer:	Approves _____	Denies _____
Addressing Officer Signature: _____		Date _____
If denied please state reason:		