

# STREET NAME CHANGE on a PUBLIC STREET

## APPLICATION FORM

CITY OF JACKSONVILLE, FLORIDA

(Ordinance 2016-0730-E)

Existing Street Name: Confederate Street

Proposed New Street Name: ROSE ARBOR WAY

Reason for Street Name Change: Facilitate relocation of Downtown Ecumenical Services Council to abutting property at 956 Liberty St N

**Please complete the following if the purpose of the street name is to name the road after an individual:**

Is the person deceased?:  Yes  No      If Yes, identify year deceased: \_\_\_\_\_

Has the person resided within 5 miles of the street in which the street renaming is being sought?  Yes  No

How many years did they reside at this location? \_\_\_\_\_ Address of Residence: \_\_\_\_\_

**PLEASE ATTACH A WRITTEN DESCRIPTION DETAILING THE PERSON'S ACHIEVEMENTS AND/OR CONTRIBUTIONS TO THE JACKSONVILLE COMMUNITY OR TO THE UNITED STATES OF AMERICA.**

**NOTE: ALL STREET NAME CHANGES WILL BE FOR THE ENTIRE LENGTH OF ROAD. IN NO CASE SHALL A PROPOSED STREET NAME DUPLICATE AN EXISTING NAME IN THE CITY OF JACKSONVILLE, DUVAL COUNTY, FLORIDA.**

**OWNER'S INFORMATION**

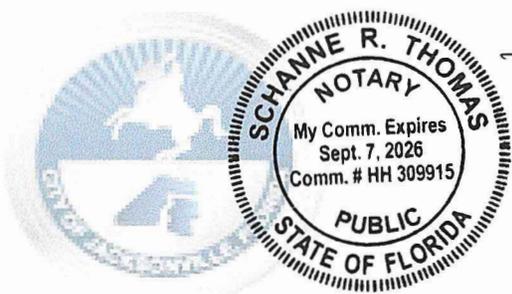
<b>Name:</b> Ferrigno Property 3 LLC c/o Driver, McAfee, Hawthorne & Diebenow, PLLC ATTN: Cyndy Trimmer	<b>Mailing Address (including city, state, zip):</b> 1 Independent Drive, Suite 1200 Jacksonville, FL 32202
<b>Email:</b> ctrimmer@drivermcafee.com	<b>Telephone:</b> 904-807-0185

4/11/2025  
Date

[Signature]  
(Signature of Owner)

STATE OF FLORIDA  
COUNTY OF DUVAL

Sworn to and subscribe and acknowledge before me by means of  physical presence or  online notarization, this 11 day of April, 2025 by Vincent B Ferrigno, who is personally known to me or who has produced FL DL as identification and who took an oath.



[Signature]  
(Signature of NOTARY PUBLIC)

Schanne R Thomas  
(Printed name of NOTARY PUBLIC)

State of FL at Large.

My commission expires: 9/7/2026

PLANNING AND DEVELOPMENT DEPARTMENT  
ADDRESSING SECTION