Application for Street Name Change on a Public Street (Ordinance 2016-730-E)		
Existing Street Na	me:_ R. G. S	Kinner Parkway
		gray Parkway and Stingray Way
Reason for street name change: To identify its affiliation with Atlantic Coast High School		
Please complete individual.	the following if t	the purpose of the street name change is to name the road after an
Is the person dece	ased? NA	If yes, identify year deceased:
Has the person res	sided within 5 miles	s of the street in which the street renaming is being sought?
How many years d	id they reside at th	nis location?
Please attach a wri	tten description de le United States of	etailing the person's achievement and/or contributions to the Jacksonville f America.
	ALL STREET NAM	ME 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		
	Applicatio	on fee for street name change is \$2000.00 te Check payable to: Tax Collector
	Send to:	City of Jacksonville Planning and Development Dept. Attention: Addressing Section 214 N. Hogan St., 2 nd Floor Jacksonville, FL 32202
Applicant	Name: Dr. /	Michael George, Principal, Atlantic Coastligh School
Information		9735 R. G. Skinner Parkway
	City: Jackso	muille State: Florida zip:32256
Offic	eldome Phone: 90	04-538-5120 Other Phone: 301-704-9971
	Email: Georg	eM2e duvalschools. org
	Applicant Signat	4 18 23 Date
he/she executed the in	leage and known to estrument for the purp	ersonally appeared Mchael George, Known by me by way of to be the person making the above request and acknowledged to and before me that poses therein expressed and (did or did not) take an oath.
Sworn to and subscri	ibed before me this	18th day of May , 20 23.
Notary Pul My Comm	MON L. DAY blic, State of Florida . Expires 01/14/2025 sion No. HH81259	NOTARY PUBLIC, State of Florida My Commission expires:
9-1-1 Addressing Adv	isory Committee- A	addressing Section Phone: 904- 255-8340 Email: address@coj.net