



Naming & Numbering Section,  
St Albans City & District  
Council

**APPLICATION FOR A NEW ADDRESS – PLEASE ENCLOSE A SITE LOCATION AND LAYOUT PLAN**

Site location:

Date work is due to commence:

**Building Regulation/Planning Application Number** (if applicable)

**APPLICANTS DETAILS**

Name/Company Name:

Address:

Contact Tel. No.

Email address:

ARE YOU THE OWNER OF THE PREMISES / LAND  Yes  No (tick appropriate)

**Name:**

**Signature:**

**Date:**

Plan enclosed:

(tick to confirm)

Cheque enclosed:

(tick to confirm)

**READ THE GUIDANCE NOTES BEFORE COMPLETING THE REST OF THIS FORM  
SELECT OPTION 1, 2 OR 3 by ticking your choice and completing details**

**1. NEW STREET NO.(s) / REINSTATE STREET NO.**

**TICK HERE**

Reason:

**2. NEW STREET NAME / CHANGE OF STREET NAME**

**TICK HERE**

First choice:

Second choice:

Third choice:

(Please explain why these names  
are appropriate for this site – on a  
separate sheet if necessary)

**3. NEW BUILDING NAME (OR CHANGE OF EXISTING NAME)**

**TICK HERE**

(tick appropriate)

**Flats**

**Offices**

**Dwelling house**

**Other**

First choice:

Second choice:

Third choice:

The Council will consider your suggestion in consultation with the Royal Mail and Parish/Town Council. You should allow at least 28 days for this procedure. If no objection is raised and the suggestions comply with the Council's Policy on Street Naming and Numbering, the name will be officially allocated and all relevant bodies will be automatically notified.

Please send this completed form to: **Naming & Numbering Section, Environment and Regulatory Services, St Albans City & District Council, District Council Offices, St Peter's Street, St Albans, Herts. AL1 3JE.** email: [kristine.lyes@stalbans.gov.uk](mailto:kristine.lyes@stalbans.gov.uk) or [lynne.goodyear@stalbans.gov.uk](mailto:lynne.goodyear@stalbans.gov.uk)