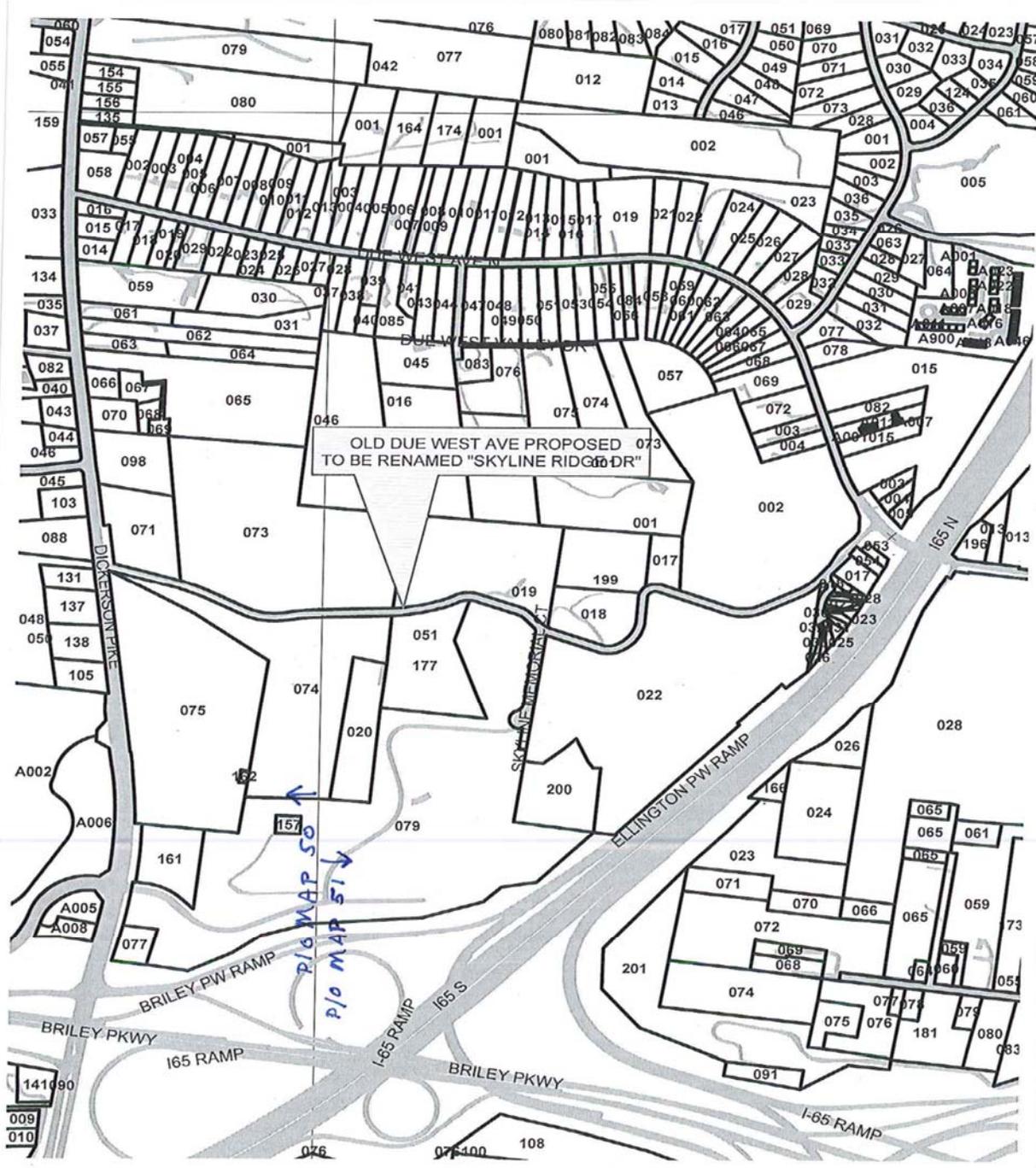


Proposal: 2018M-003SR-001

Map 50 & 51

Council District 8



**Metropolitan Government Department of Public Works**  
750 South 6<sup>th</sup> Street ♦ Nashville, TN 37206 ♦ (615) 892-8760 ♦ www.nashville.gov/pw

**Mandatory Referral Application: *Street Renaming***

\*\*\* Before filing this application, please review checklist on the back of this application. \*\*\*

Mandatory Referral Project No. \_\_\_\_\_  
(MPW staff assigns project #)

Date Submitted: 8-2-18

**Street Location & Proposed Name:**

OLD DUE WEST AVE TO BE RENAMED SKYLINE RIDGE DR  
Describe where renaming will occur and the proposed name

FROM DUE WEST AVENUE TO DICKERSON PK

Reason for Renaming: (If street name is in honor of an individual, please attach a biography of individual.)

1. AVOID EMERGENCY RESPONSE CONFUSION
2. SKYLINE RIDGE DR WILL BE E.R. ENTRANCE TO SKYLINE HOSPITAL
3. PLACEMAKING FOR FUTURE DEV. ACROSS FROM MUSIC CITY SOLAR & SKYLINE RIDGE PARK WITH HCA

Applicant: All correspondence will be mailed to the applicant.

Architect  Engineer  Property Owner  Other: 8TH DISTRICT COUNCIL MEMBER

Name: NANCY VAN REECE

Business: \_\_\_\_\_

Address: 209 MARLIN CT

City: MADISON State: TN Zip: 37115

Phone: 615-862-6780

Fax:  business  home  business  mobile

E-mail: NANCY.VANREECE@NASHVILLE.GOV

Applicant's Signature: [Signature]

**Filing Fee (All application fees are non-refundable)**  
Street / Alley Renaming \$200.00  
Amount paid: NA  
Accepted by: [Signature] Date: 8-2-18

**Mandatory Referral  
✓ Checklist**

- Mandatory Referral Application
- NA  Filing Fee \$200 (All application fees are non-refundable)  
Cash or check. If check, make payable to "Metropolitan Government". Credit cards not accepted.
- Property Map  
Highlight with marker location of street or alley to be renamed.
- Property Owner Signatures - FILE WITHOUT AT CM REQUEST  
Signatures of all property owners abutting street (or section) to be renamed, agreeing to proposed new street name. (Try and get as many as you can. The more the better otherwise street's renaming could be delayed by people being confused or objecting to renaming).
- pln  Biography  
If the street is to be renamed after an individual, a biography of that individual must be submitted with this application. (Streets cannot be renamed after living persons or persons who have died within two years of this application's submittal.) Failure to provide this information will deem your application *incomplete* and postpone your application's consideration by the Metropolitan Planning Commission.

**SIGNATURE(S)**

(copy this sheet if needed for additional signatures)

As the owner(s) of property, I/we agree to the submission of this mandatory referral application to the Metropolitan Planning Commission to rename our street. We live adjacent to this street and consider ourselves an affected property owner.

If this street is renamed, we understand the following process will occur and by our signature agree to this occurring:

- I/we understand that if the Metro Council should decide to rename this street, the Metro Public Works Department will notify the U.S. Post Office of the name change. The Post Office will deliver mail addressed to my current street name for one year after the new street name is approved. Thereafter, it will be returned to the sender. I understand I am responsible for notifying all family, friends, credit card companies, banks, mortgage companies, insurance companies, governmental agencies (e.g. Social Security, IRS, TennCare) etc. of the street name change should it be approved.
- I/we understand street renamings require a recommendation to the Metro Council from the Metro Planning Commission and the E-911 Board.
- I/we understand that not everyone who lives on the street must approve the street renaming. It may be renamed in spite of objections by property owners by the Metro Council in order to protect the public health, safety, and welfare and to improve E-911 efficiency and system operations.

Printed Name & Signature (required)	Address	Phone #	Map	Parcel
HIGHLAND RIDGE PROPERTY LLC	1585 MALLORY LN, #202 BRENTWOOD, TN 37027		51-5	2
SUSSEX PARTNERS GP	19810 J MADISON ST, #242 CLARKSVILLE, TN 37043		51-6	53 54
ALEXANDER CAVOPOL	6190 MARROWBONE LAKE RD JOELTON, TN 37080		51-5	17
CHANNING PARTNERS GP	4117 HILLSBORO PK #103 NASHVILLE, TN 37216		51-5	18 19
METRO GOVT PUBLIC WORKS	PO Box 196300 NASHVILLE, TN 37219		51	22
AMY REED JAMES REED	800 OLD DUE WEST AVE		51	17 199
TIMOTHY MCKAY MELISSA MCKAY	808 OLD DUE WEST AVE		51	18.
JOHN SHERROD III	510 S MAIN ST SPRINGFIELD, TN 37172		51	19

**SIGNATURE(S)**

(copy this sheet if needed for additional signatures)

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Printed Name & Signature (required)	Address	Phone #	Map	Parcel
HTI MEMORIAL HOSPITAL CORP	P.O. Box 80610 INDIANAPOLIS, TN 46280		50	79
BATTLE GROUND ACADEMY	P.O. Box 1889 FRANKLIN, TN 37065		51	177
ALTITUDE AT 41 LLC	1325 MILLERSPORT HWY WILLIAMSVILLE, NY 14331	#209	50 51	74 20
RONALD TOSKI, MARGARET TOSKI, ET AL	P.O. Box 506 CLARENCE, NY 14031		50	73
DAVIDSON FARMERS CO-OP	3511 DICKEASON RD NASHVILLE, TN 37207		50	71