



Town of Georgia

47 Town Common Road North • St. Albans, VT 05478
• Phone: 802-524-3524 • Fax: 802-524-3543 • website: townofgeorgia.com

Application for Private Road Name

Application Information

Applicant(s)

Property Owner(s) if different

Name Tim Reed

Name _____

Address 285 Fairfield Hill Rd

Address _____

City/State/Zip Fairfield, VT 05455

City/State/Zip _____

Phone 802-782-9807

Phone _____

Email timreedconstruction@yahoo.com

Email _____

Tax parcel ID: 113 226 014

Date of Preliminary Plat Approval: 4/16/24 Title of Site Plan: Overall site Plan 5/20/24

Location of Subdivision: Sandy Birch Rd

Road Name Request (provide three names in order of preference)

1. Willow Way
2. Lilly Lane
3. _____

FOR TOWN USE ONLY

Approved by E911 Coordinator Doug / Tyler

Date: 8/22/24

Approved by Selectboard _____

Date: _____

SIGN INSTALLATION VERIFICATION

Approved by Public Works Director _____

Date: _____

Sent to E911 8/22/24

Willow Way



W. H. W. Watson