

Docket No. \_\_\_\_\_



# APPLICATION FOR SUBDIVISION REVIEW

City of Conway, Arkansas • Planning & Development

From: \_\_\_\_\_  
name

I hereby request: *(circle one)*

- PRE-APPLICATION MEETING**
- PRELIMINARY PLAT APPROVAL**
- FINAL PLAT APPROVAL**
- VARIANCE (AFTER PLANNING COMMISSION APPROVAL)**
- EXTENSION**

For: \_\_\_\_\_  
subdivision name

to the City of Conway, Faulkner County, Arkansas

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Address for correspondence: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Daytime telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Variance(s) requested and reason for request(s)

1. \_\_\_\_\_  
\_\_\_\_\_
2. \_\_\_\_\_  
\_\_\_\_\_
3. \_\_\_\_\_  
\_\_\_\_\_
4. \_\_\_\_\_  
\_\_\_\_\_

attach additional pages if necessary