



# APPLICATION FOR SUBDIVISION REVIEW

City of Conway, Arkansas - Planning & Development

1201 Oak Street • Conway, AR • 72032 • 501-450-6105 • www.cityofconway.org

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