

CITY OF CONWAY, ARKANSAS
APPLICATION FOR A CURB CUT ON DAVE WARD DRIVE
UNDER THE REQUIREMENTS OF THE DAVE WARD DRIVE ACCESS
MANAGEMENT PLAN

APPLICANT

NAME _____

ADDRESS _____

CITY _____

STATE _____

ZIP CODE _____

TELEPHONE NUMBER(S): _____

Day

Night

LOCATION OF THE CURB CUT

Subdivision or addition name: _____

Block number: _____

Lot number: _____

Address:

Number: _____

Street: _____

Legal Description:

A legal description of the lot or parcel must be provided. It may be entered on the lines below or enclosed as a separate document.

DRAWING

A scale drawing showing the lot or parcel on which the curb cut is desired and the dimensioned location and size of the curb cut must be furnished along with this form.

SIGNATURE

Signature: _____

Date: _____

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