

Application for Waiver under the Arkansas State Capitol and Historical Monument Protection Act of 2021, Ark. Code Ann. § 22-3-2101 et seq.

Please complete form and submit electronically to <a href="https://example.com/https:/

Any questions regarding this application should be submitted electronically through HistoricalMonumentProtectionAct@arkansas.gov.

Entity requesting waive	er:	
Entity name		
Contact person/title _		
Address		
City or Town		
County		
State and Zip Code _		
Contact phone		
Contact email _		
Name and location of r	monument	
National Register of Historic Places		
Currently listed	Eligible	





4.	Description of action, removal and/or relocation, for which waiver is sought.
5.	Reason for which waiver is sought.
6.	Documentation demonstrating need or justification for action (attach supporting documentation).
7.	Plans for disposition of monument (if applicable).
8.	Documentation - Attach photographs of monument in context and an illustration or plan of intended work.



