

ALABAMA SCENIC BYWAY DESIGNATION APPLICATION

1. APPLICATION INFORMATION

Corridor Advocacy Group Information

Corridor Advocacy Group Name

CAG Chairperson

Print Name

Signature

Date

Address

Address

City

State

Zip Code

Phone Number

Fax Number

E-Mail

Byway Management Team Information

BMT Chairperson or Equivalent

Print Name

Signature

Date

Address

Address

City

State

Zip Code

Phone Number

Fax Number

E-Mail

Localities Traversed by Byway

Locality	Representative	Signature	Date

2. PROPOSED BYWAY INFORMATION

Name of Proposed Byway

Route Section(s)

Example: Section 1: Main Street from State Road 1 to Smith Street
Section 2: Smith Street from Main Street to Jones Street

Approximate length (in miles) of the entire proposed byway

Check Boxes of Applicable Intrinsic Resource Categories

- Scenic
- Historical
- Recreational
- Cultural
- Natural
- Archeological

Attach two copies of a map indicating the route of the proposed Byway.

3. SUMMARIZE CORRIDOR STORY

Attach a summary of the Corridor story and description of intrinsic resources along the Byway. Please explain how the proposed Byway is significant, and why it should be added to the Alabama Scenic Byway System. **Please do not exceed 3 pages.**

4. COMMUNITY PARTICIPATION

Please list all community organizations that have been or might be involved with the byway designation. Indicate for they have been informed about the effort.

Community Organization	How Informed	Contact Name & Phone #