

**Benton County Development Department**  
**Planning Division**  
 1204 SW 14<sup>th</sup> Street, Suite 6  
 Bentonville, AR 72711  
 (479) 464-6166  
<http://www.bentoncountyar.gov>



**Date Stamp**

**APPLICATION for \_\_\_\_\_ VARIANCE \_\_\_\_\_ WAIVER**  
 §2.9 – Variation Permitted of the Benton County Planning and Development Regulations

In accordance with Chapter 2, § 2.9 of the 'Planning and Development Regulations of Benton County,

**Variations:** Variations are relief to a dimensional (i.e. setback variance) provision of this Ordinance by an affirmative vote of two-thirds (2/3) of the vote of the total membership of the Planning Board.

**Waivers and modifications** are applicable to non-dimensional (i.e. septic waiver) provisions of this Ordinance which, by the scrutiny of the Board and which may be informed by supporting evidence by staff or other experts, can be prudently and judiciously modified or waived to the extent reasonable and necessary to provide relief to the applicant as part of their development request.

**INSTRUCTIONS FOR APPLICANT:**

Please review sections 2.9 a (Modifications/Waivers) and section 2.9 b (Variations) prior to application submission.

Application Checklist				
	Item	Provided (Yes/No)	Date Provided	Staff Initial
1.	Completed application with notarized original signatures (Section A and Section B)			
2.	Fee- \$75.00 per Variance and/or Waiver			
3.	Initial submission: <ol style="list-style-type: none"> <li>1. Site plan detailing property improvements Confirm with Staff appropriate site plan elements to include</li> <li>2. Professional survey as requested by Staff</li> <li>3. Completed Pages 2 through 5 (confirm completeness with Staff)</li> </ol>			
4.	Submit approval from Health Department (IF ANY)			
5.	Electronic versions of all materials, drawings and completed application form			
6.	Any additional materials as needed by Staff.			
7.	Notice to adjacent and proximal properties via certified mail.			
8.	Public hearing notice sign.			

**PLEASE NOTE: INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED**

Authorization to process: County planning staff is to ensure an efficient variance/waiver process and to verify fees and completeness of application. This application is incomplete until a Planner signs below.

\_\_\_\_\_  
 Name of Planning Staff

\_\_\_\_\_  
 Date of Acceptance

**APPLICANT / PROPERTY OWNER INFORMATION**

Provide in full the name of the registered owner(s) and applicant (if different than the owner) and contact details. **For additional owners, copy this page, complete in full and submit with this application.** If the registered owner is a numbered company, provide the name of the principals of the company.

Note: Written authorization from the legal property owner is required at the time of application or the documents will not be accepted. However, all communication will be maintained with the **Applicant** unless otherwise requested by the owner in writing.

**Applicant (if other than Property Owner)**

**Name:** \_\_\_\_\_

**Contact Person** (if different than Name above): \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**City/Zip Code:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**e-mail Address:** \_\_\_\_\_

**Property Owner #1**

**Name:** \_\_\_\_\_

**Contact Person** (if different than Name above): \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**City/Zip Code:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**e-mail Address:** \_\_\_\_\_

**Property Owner # 2**

**Name:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**City/Zip Code:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**e-mail Address:** \_\_\_\_\_

**DESCRIPTION OF SUBJECT PROPERTY**

a. Property Address (If none currently, contact 911 Administration): \_\_\_\_\_  
\_\_\_\_\_

b. Assessor's Parcel Number (s): \_\_\_\_\_  
\_\_\_\_\_

c. Parcel Size/Area: \_\_\_\_\_

d. Existing Land Use: \_\_\_\_\_

e. Water, Sanitary Sewage and Storm Drainage: (check all that apply)

Water, indicate the source of water on site:

\_\_\_\_\_ Public / Semi-Public                      \_\_\_\_\_ Private / Semi-Private well

Sanitary, indicate the type of sewage disposal facility:

\_\_\_\_\_ Publicly owned and operated sanitary sewage system

\_\_\_\_\_ Privately owned and operated individual septic system

\_\_\_\_\_ Other (Describe) \_\_\_\_\_

Have you received approval from the Arkansas Department of Health?

\_\_\_\_\_ Yes      \_\_\_\_\_ No      \_\_\_\_\_ Future Approval Date \_\_\_\_\_

Storm Drainage, indicate how storm drainage will be provided on site: (10, Appendix D)

\_\_\_\_\_ Ditches

\_\_\_\_\_ Swales

\_\_\_\_\_ Retention pond

\_\_\_\_\_ Detention pond

\_\_\_\_\_ Bio-retention pond

\_\_\_\_\_ Low-Impact Development options (see Benton County Regulations, Appendix B)

\_\_\_\_\_ Other (Describe) \_\_\_\_\_

f. Proposed development and variance required: in your own words, briefly specify the provision of the regulations where relief is sought and a justification for the request.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**Owner / Applicant**

\_\_\_\_\_  
**Date**

**SECTION A - NOTARIZED OWNER CERTIFICATION**

If the applicant is not the registered owner of the land that is the subject of this application, the written authorization of the registered owner must be included with this application form and the authorization below must be completed authorizing the applicant to make this application.

*I/We, property owner(s): (please print)*

\_\_\_\_\_  
\_\_\_\_\_

*...of the subject land, address or parcel number(s):* \_\_\_\_\_  
\_\_\_\_\_

*...hereby authorize and instruct (applicant name):* \_\_\_\_\_

*...to submit an application to the Benton County Development Department. This shall be my (our) good and sufficient authority to act on my (our) behalf and to negotiate or bond on my behalf.*

*Note: if the owner is a corporation, affix seal (if any).*

**SECTION B – PERMISSION TO ENTER THE SUBJECT PROPERTY**

I hereby authorize the Planning Board and/or Staff of Benton County, Arkansas, to enter upon the subject lands and premises for the purpose of evaluating the merits of this application and subsequently to conduct any inspections and work on the subject lands that may be required as a condition of approval. This is their authority for doing so.

**Subject lands Parcel Number(s):** \_\_\_\_\_

**Access to Subject Lands: Check all that apply**

- Name of County Road \_\_\_\_\_
- Name of Highway \_\_\_\_\_
- Private easement, Describe \_\_\_\_\_

*I confirm that the information contained in this application and accompanying documents is accurate to the best of my knowledge. I hereby acknowledge that it is my responsibility to ensure that I am in compliance with all applicable laws, regulations, and permits at the State or Federal levels.*

*Note: if the owner is a corporation, affix seal (if any).*

_____	_____
(Property Owner Signature)	Date
_____	_____
(Property Owner Signature)	Date

**STATE of ARKANSAS**

**County of:** \_\_\_\_\_

**Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ 201\_\_\_\_\_.**

\_\_\_\_\_  
**NOTARY PUBLIC**

\_\_\_\_\_  
**My Commission Expires**