

Benton County

Administrative Review Application

Planning Department
215 East Central Avenue
Bentonville, AR 72712
(479) 464-6166
planning@bentoncountyar.gov
bentoncountyar.gov/county-planning/



Project # _____

Date received _____

Signed/notarized application

Final signed/notarized plat

Application Fee _____

Health Department approval

If applicable

___ Minor Subdivision ___ Property Line Adjustment ___ Lot Combination

APPLICANT, REGISTERED OWNER, AND AGENT INFORMATION

Property Owner(s) Name: _____

Physical Address of Property: Street: _____

City: _____ Zip: _____

Parcel #(s): _____

Property Owner's Phone: _____

Property Owner's Email: _____

Property Owner's Mailing Address: Street: _____

City: _____ Zip: _____

APPLICANT INFORMATION

Name: _____

Phone: _____ Email: _____

ARCHITECT/ENGINEER/SURVEYOR INFORMATION

Company Name: _____ Name: _____

Phone: _____ Email: _____

PROPERTY INFORMATION

a. Water

- Public Water
- Private/Semi Private Well

b. Sanitary

- Public Sewer
- Private Septic System

c. Access to Property

County Road

○ Road Name: _____

Easement

d. Electricity Provider: _____

e. Tract/Lot Information

Tract/Lot	Name of Property Owner(s)	Acreage <i>(must be at least 1.0 acre)</i>
1 (A)		
2 (B)		
3 (C)		
4 (D)		
5 (E)		
6 (F)		
7 (G)		
8 (H)		
9 (I)		
10 (J)		

<p>Property Owner's Signature: _____ Date: _____</p> <p>Property Owner's Printed Name: _____</p> <p>State of _____, County of _____</p> <p>Subscribed and sworn to before me this _____ day of _____ 20_____</p> <p>Notary Public _____ Commission Expires: _____</p>	Notary Stamp
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