

Benton County

Home and Rural Family Occupation 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
- Application Fee – \$100
- Cover Letter
- Recorded Property Deed
- Additional Documents *(as needed)*

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: _____

<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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<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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HAZARDOUS CHEMICAL COMPLIANCE FORM

BENTON COUNTY DEPARTMENT OF EMERGENCY MANAGEMENT AND HOMELAND SECURITY

215 E. CENTRAL AVE #7, BENTONVILLE, AR 72712

Phone: 479-271-1004

Fax: 479-271-1084

BUSINESS NAME: _____ TYPE OF BUSINESS: _____

OWNER'S NAME: _____

PHYSICAL LOCATION/ADDRESS: _____

MAILING ADDRESS: _____

CONTACT PHONE NUMBER: _____

CONSULTANT/ENGINEER: _____

A LETTER WILL BE SENT TO THE BUSINESS OWNER AND THE PLANNING OFFICE.

IF THERE ARE OTHER LOCATIONS PLEASE SPECIFY: _____

WILL THERE BE CHEMICALS STORED AT THIS FACILITY? YES _____ NO _____

IF YES – LIST NAME AND QUANTITIES BELOW:

BY SIGNING BELOW, I ACKNOWLEDGE THAT ALL INFORMATION ABOVE IS TRUE AND CORRECT. I UNDERSTAND THAT IT IS MY RESPONSIBILITY TO NOTIFY THE BENTON COUNTY DEPARTMENT OF EMERGENCY MANAGEMENT IF THIS INFORMATION CHANGES.

OWNER SIGNATURE

DATE

BENTON COUNTY DEPARTMENT OF EMERGENCY MANAGEMENT ONLY

LETTER COMPLETED BY _____

DEM OFFICER

DATE