

# Benton County

## Stormwater Permit 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
- Scaled site plan  
*See Checklist*
- Application Fee \_\_\_\_\_
- Stormwater Management Training

### 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: \_\_\_\_\_

Property Owner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Property Owner's Printed Name: \_\_\_\_\_

State of \_\_\_\_\_, County of \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

Notary Public \_\_\_\_\_ Commission Expires: \_\_\_\_\_

Notary Stamp

### PROJECT INFORMATION

Project Name: \_\_\_\_\_

Start Date: \_\_\_\_\_ Estimated End Date: \_\_\_\_\_

Total Acreage of Property: \_\_\_\_\_ Acreage to be Disturbed: \_\_\_\_\_

## CONTRACTOR INFORMATION

Company Name: \_\_\_\_\_

Contractor's Name: \_\_\_\_\_

Contractor's Phone: \_\_\_\_\_

Contractor's Email: \_\_\_\_\_

Company Mailing Address: Street: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

## PERMITTEE (OWNER) AS COGNIZANT OFFICIAL

As the permittee of this site, I understand and acknowledge that I am the authorized 'cognizant official.' I acknowledge that I am the representative who has operational control of the regulated activity on the site as per the issuance of this Stormwater Permit (SWP). Further, I understand that it is my responsibility to have full working knowledge of the required Best Management Practices (BMP's), whether found within any required Stormwater Pollution Prevention Plan (SWPPP) or not, to be implemented as part of any SWP that may be issued.

Printed Name of Permittee (Owner): \_\_\_\_\_

Permittee Signature as 'Cognizant Official': \_\_\_\_\_

## PERMITTEE (OWNER) DESIGNATED COGNIZANT OFFICIAL (CONTRACTOR)

As the permittee designated 'cognizant official' (i.e. contractor), I understand and am aware that I have been authorized by the 'permittee' (owner) listed above, to have operational control of the regulated activity on the site as per the issuance of this Stormwater Permit (SWP). Further, I understand that it is my responsibility to have full working knowledge of the required Best Management Practices (BMP's), whether found within any required Stormwater Pollution Prevention Plan (SWPP) or not, to be implemented as part of any SWP that may be issued.

Printed Name of Permittee (Owner): \_\_\_\_\_

Printed Name of Designated 'Cognizant Official': \_\_\_\_\_

Designated Cognizant Official Signature: \_\_\_\_\_