

Benton County

Telecommunications Tower 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 – \$200
 - Electronic Document
 - Supporting Documents
- See Checklist*

_____ New Tower _____ Tower Modification

REGISTERED OWNER 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: _____

The Planning Board reserves the right to retain professional services including legal, architectural, engineering, land surveying, and other such consulting services in appropriate circumstances to protect the health, safety, and environmental concerns. The Planning Board shall be reimbursed by the applicant for the reasonable fees and expenses of such consultants. By signing below the property owner hereby agrees to reimburse the Planning Board for third party consultant fees in accordance with §2.8 of the Benton County Planning and Development Regulations.

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

APPLICANT INFORMATION

Name: _____
Phone: _____ Email: _____

ARCHITECT/ENGINEER/SURVEYOR INFORMATION

Company Name: _____ Name: _____
Phone: _____ Email: _____

DESCRIPTION OF SUBJECT PROPERTY

a. Address: _____
b. Assessor's Parcel Number(s): _____
c. Site Area (acres/square feet): _____
d. Area of Development (acres/square feet): _____

DETAILED DESCRIPTION OF PROPOSED COMMUNICATIONS TOWER (use additional pages as required)

a. Existing Land Use: _____
b. Facility Details: _____

c. Setbacks:

Required	Proposed	Variance Required? (Yes or No)
Setbacks from roads – 50' plus height of the tower from the base		
Setbacks from residences – 50' plus height of tower from the nearest point		

d. Storm Drainage – Indicate how storm drainage will be provided on-site (§10 Appendix D): Check all that apply

- Ditches
- Swales
- Other
- Detention Pond
- Bio Retention Pond
- Low Impact Development
- Retention Pond

APPLICANT CONFIRMATION STATEMENT

General Criteria for Telecommunication Facilities: Applicant hereby agrees to Chapter VII, Article §7.2, Section H - General Criteria for Telecommunication Facilities.

- a. Preference for Co-Location
- b. Setback from Road
- c. Setback from Residences
- d. Mitigation of Visual Impact
- e. Precautions Against Excessive Noise
- f. Precautions Against Trespassers
- g. Tower Illumination (if required)

Maintenance Agreement: Applicant hereby agrees to Chapter VII, Article §7.2, Section I – Maintenance Agreement.

- a. To conduct inspections of all such facilities not less frequently than every 12 months.
- b. That said inspections will be conducted by one or more designated persons holding a combination of education and experience so that they are reasonably capable of identifying functional problems with the facilities. The Staff of the Planning Office may request in writing from the Applicant documentation regarding such inspections and maintenance activities at any such facilities. Such requests by Staff for documentation will not be made more than three (3) times per year on any given tower.
- c. To provide the documentation with 30 days after the mailing of any such request from the Staff.
- d. Said documentation will be in the form of a sworn statement and will include but not limited to the following items, unless the Staff specifically indicates that one or more of the following items need not be provided:
 - i. The estimated date on which the tower was originally constructed and the date of all modifications thereto;
 - ii. Verification of safe and appropriate grounding and electrical connections as per the version of the National Electrical Code in effect at the last modification or addition to the electrical system;
 - iii. Structural design certification by the tower manufacturer regarding the facility's capability to withstand a combination of ½" accumulation of ice and 70 mile per hour winds;
 - iv. A statement that all antenna arrays on such tower have been attached and maintained in accordance with the specifications of the manufacturer, if any;
 - v. For a guyed tower, a statement that all guy wires are being properly maintained so that structural integrity of the tower is not compromised;
 - vi. For any lattice tower, a statement that all welds and other joints are being properly maintained so that they do not show signs of wear which would make the tower unsafe;
 - vii. For lighted towers, a statement by the owner verifying the continued use or need for the structure;
 - viii. For unlit towers, a statement by the owner verifying the continued use or need for the structure;
 - ix. For structures which are painted for cosmetic reasons, proof that the tower has been painted within the last 5 years, or proof satisfactory to the Staff that the exterior does not currently need painting.

Regulatory Compliance: Applicant hereby agrees to Chapter VII, Article §7.2, Section J – Regulatory Compliance.

- h. All towers must meet or exceed current Federal standards and regulations of the FAA, the FCC, and any other agency of the Federal or state government with the authority to regulate telecommunications facilities and the construction and specifications thereof. If such standards and regulations are changed, then the facility owners governed by this section shall bring such facilities into compliance with such revised standards and regulations within six (6) months of the effective date of such standards and regulations, unless a more stringent compliance schedule is mandated by the controlling Federal or state agency. Failure to timely bring the facilities into compliance with such revised standards and regulations shall constitute grounds for removal of the non-compliant facility at the owner's expense and/or grounds to terminate or not renew owner's approval.
- i. The applicant, by requesting approval of any telecommunications facility in Benton County, certifies and agrees that no such facility under the Applicant's control will emit electro-magnetic radiation (EMR) in excess of federal safety and health guidelines as adopted by any authorized federal regulatory agency.

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.

Notarized Authorization Certification

I certify under penalty of the laws of the State of Arkansas, and per notarized registered owner/agent certification, that I am the authorized agent of the subject property for this application, acknowledge that the final approval by Benton County, if any, may result in restrictions, limitations, and construction obligations being imposed on this real property and hereby authorize Benton County Staff to enter my property for the duration of the review.

<p>Authorized Agent Signature: _____ Date: _____</p> <p>Authorized Agent 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>	<p>Notary Stamp</p>
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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