

# Benton County

## Temporary Use 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
- Site Plan – Digital Format
- Application Fee – \$100
- Supporting Items  
*See checklist*

### 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

### APPLICANT INFORMATION

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**ARCHITECT/ENGINEER/SURVEYOR INFORMATION**

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**PROPERTY INFORMATION**

a. Address: \_\_\_\_\_  
*If none currently, please contact the 911 Administration.*

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

c. Site Area (acres/square feet): \_\_\_\_\_

d. Area of Development (acres/square feet): \_\_\_\_\_

e. Existing Land Use: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

f. Proposed Development & Use: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**g. Parking/Loading Spaces**

	Existing	Proposed	Total
<b>Total Parking Spaces</b>			
<b>Total Loading Spaces</b>			

**h. Description of Screening/Buffer**

	Existing	Proposed
<b>Fence</b> <i>(Length, location, and material)</i>		
<b>Landscape Buffer</b> <i>(Length, size, spacing, and location)</i>		
<b>Other</b> <i>(Describe)</i>		

**i. Building Setbacks**

	Existing Building(s)	Proposed Building(s)
Front Setback		
Side Setback(s)		
Rear Setback		

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

- County Road, Name \_\_\_\_\_
- Highway, Name \_\_\_\_\_
- Private Easement

**k. 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

Have you received approval from the Arkansas Department of Health?

- Yes
- No

**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

FORM A

**Notarized authorization of registered owner for the applicant (other than the owner) to submit the application.**

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

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

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

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

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

*...hereby authorize and instruct (applicant(s) name): (please print)*

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

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

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

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

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

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

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: _____	

FORM B

**Notarized authorization of registered owner for the agent (other than the owner) to submit the application and be the only point of contact with the Benton County Planning Department.**

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

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

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

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

*...hereby authorize and instruct (agent(s) name): (please print)*

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

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

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

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

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

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

<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>	<p>Notary Stamp</p>
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FORM C

**Notarized permission to enter the subject property.**

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

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

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

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

***...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.***

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

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

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

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

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
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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