

Benton County

Variance / Waiver 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 or survey plat
- \$75 application fee
- Cover Letter (justification)
- Health Department approval
If applicable

____ Variance ____ Waiver

REGISTERED OWNER AND LOCATION 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: _____

<p>Applicant's Signature: _____ Date: _____</p> <p>Applicant'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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SECTION A – NOTARIZED OWNER CERTIFICATION

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

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

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

...hereby authorize and instruct (applicant(s) name):

...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.

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

SECTION B – PERMISSION TO ENTER THE SUBJECT PROPERTY

I hereby authorize the Benton County Planning Board and/or Staff 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.

Subject Land(s) Parcel Number(s):

Access to Subject Land(s): *Check all that apply*

County Road, Name: _____

Highway, Name: _____

Private Easement, Describe: _____

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 and Federal levels.

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

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 and Federal levels.

Property Owner's Signature: _____ Date: _____

Property Owner's Printed Name: _____

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