

Benton County Development Department
Planning Division
 1204 SW 14th Street, Suite 6
 Bentonville, AR 72712
 (479) 464-6166
<http://www.bentoncountyar.gov>



Date Stamp

COMMUNICATIONS TOWER APPLICATION

Project Type: New Tower Modification

INSTRUCTIONS FOR APPLICANT:

Applications must be submitted in person. Please make an appointment with a planner to discuss the proposed development and to determine if a complete application is submitted.

Review the Site Plan Review Regulations, Planning Board Calendar including meeting schedules.
For review of Public Hearing & TAC materials visit: <http://bentoncountyar.gov/Agency/Other/DashBoard.aspx>

Application checklist				
	Item	Provided (Yes,No,N/A)	Date Provided	Staff Initial
1.	Completed application with notarized original signatures			
2.	Complete Authorization and Right to Enter Site Form			
3.	Fee- \$200.00			
4.	Initial submission: Legible Site Plans to scale - 15 copies, 11"x17" Site Plan Only *Confirm with Planning Staff Final Approved Plan: 4 originals, no greater than 18"x24", 1 copy 11"x17"			
5.	Electronic versions of all materials, drawings and completed application form			
6.	Service Agreement Forms			
7.	Submit all applicable State and Federal Permits			
8.	Erosion Control Plan			
9.	Landscaping installation & Maintenance Plan			
10.	Stormwater Pollution Prevention Plan (SWP3)			
11.	Hazardous Chemical Compliance Form			
12.	Notification Letter(s) postmarked 14 days prior to public hearing			
13.	Proof of notice sign posted on-site 14 days prior to public hearing.			

PLEASE NOTE: INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED

BENTON COUNTY COMMUNICATIONS TOWER APPLICATION

APPLICANT, REGISTERED OWNER AND AGENT INFORMATION

Provide in full the name of the registered owner, agent/ applicant (if different than the owner) contact details. If the registered owner is a numbered company, provide the name of the principals of the company. If there is more than one owner, copy this page, complete in full and submit with this application.

An authorized applicant and agent for the owner must attach a notarized letter of authorization from the legal property owner. Written authorization from the legal property owner is required at the time of application or the documents will not be accepted.

Note: All communication will be maintained with the Agent unless otherwise requested by the owner in writing.

Property Owner

Name: _____ **Contact Person:** _____

Address: _____ **Postal Code:** _____

Phone: _____ **Fax:** _____

Email: _____

Applicant (If other than the Property Owner)

Name: _____ **Contact Person:** _____

Address: _____ **Postal Code:** _____

Phone: _____ **Fax:** _____

Email: _____

Agent Authorized by the Owner to File the Application (if applicable)

Name: _____ **Contact Person:** _____

Address: _____ **Postal Code:** _____

Phone: _____ **Fax:** _____

Email: _____

NOTARIZED OWNER CERTIFICATION

I certify under penalty of the laws of the State of Arkansas that I am the property owner of the property that is the subject matter of this application and I am authorizing to and hereby do consent to the filing of 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.

Owner/Authorized Agent Signature: _____ **Date:** _____

Print Name: _____

State of Arkansas

County of _____

Subscribed and sworn to before me this _____ day of _____ 20__.

NOTARY PUBLIC

My Commission expires

**BENTON COUNTY COMMUNICATIONS TOWER APPLICATION
ARCHITECT/ ENGINEER/ SURVEYOR INFORMATION**

Name: _____ Contact Person: _____

Address: _____

City: _____ Postal Code: _____

Phone: _____ Fax: _____

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? (Y/N)
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. Check all that apply.

- Ditches Swales Retention pond
 Detention pond Bio retention pond
 Low Impact Development options, describe Other

BENTON COUNTY COMMUNICATIONS TOWER APPLICATION

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

BENTON COUNTY COMMUNICATIONS TOWER APPLICATION

- 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.

Applicant Confirmation Statement:

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.

Owner/Authorized Agent Signature: _____ **Date:** _____

Print Name: _____

State of Arkansas

County of _____

Subscribed and sworn to before me this _____ day of _____ 201__.

NOTARY PUBLIC

My Commission expires

BENTON COUNTY COMMUNICATIONS TOWER APPLICATION

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

