



Date Stamp

SITE PLAN REVIEW APPLICATION

Site Plan Review is applicable for all non-residential, non-agricultural, non-exempt development as defined in Chapter 6 of the Planning & Development Regulations of Benton County.

INSTRUCTIONS FOR APPLICANT:

Please review Site Plan Review Regulations prior to application submission (Chapter 6). Planning Board Calendar including meeting schedules (included with Application).

PRE-SUBMISSION CONSULTATION with the County planning staff is suggested to ensure an efficient site plan review process and to verify fees. *This application is incomplete without a Planners signature.*

For review of Public Hearing & TAC materials visit:

<http://bentoncountyar.gov/Agency/Other/DashBoard.aspx> | Planning Board section

Application checklist				
	Item	Provided (Yes/No)	Date Provided	Staff Initial
1.	Completed application with notarized original signatures			
2.	Fee - \$300.00			
3.	Written Description of the proposal including a compatibility analysis			
4.	Initial submission: Site Plans including Grading, Utility, SW and Erosion Control, Development, and Post Construction Stabilization Plans 7 copies – 18”x24”, 1 copy 11”x17” PLUS Electronic PDF + CAD files <i>*Please contact Staff prior to submittal for additional plan requirements*</i>			
5.	<u>All applicable forms:</u> Service Agreement Forms – Water Provider, Electrical Provider, Septic Permit, Landscaping Maintenance, Solid Waste Provider, etc. Others as applicable to specific projects.			
6.	Submit all applicable State and Federal Permits (ADEQ, COE, ADH)			
7.	Electronic versions of all materials, drawings, and completed application form			
8.	Landscaping installation & Maintenance Plan			
9.	Certified Mail Receipts and On-Site sign posting 14 days prior to Public Hearing. <i>*Staff will send descriptive email with all requirements*</i>			
10.	Any additional materials as needed by Staff or Planning Board.			

Incomplete applications will NOT be accepted.

PROPERTY OWNER AND APPLICANT INFORMATION

Provide in full the name of the registered owner and 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, each owner shall copy this page, complete in full and submit with application.

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 Applicant unless otherwise requested by the owner in writing.

Property Owner

Name: _____

Address: _____

Phone: _____

Email: _____

Contact Person: _____

Postal Code: _____

Fax: _____

Applicant (If other than the Property Owner)

Name: _____

Address: _____

Phone: _____

Email: _____

Contact Person: _____

Postal Code: _____

Fax: _____

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.

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.

Print Name: _____

Owner/Authorized Agent Signature: _____ Date: _____

State of Arkansas

County of _____

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

NOTARY PUBLIC

My Commission expires

ARCHITECT/ ENGINEER/ SURVEYOR INFORMATION

Name: _____ Contact Person: _____
 Address: _____
 City: _____ Postal Code: _____
 Phone: _____ Fax: _____
 Email: _____

DESCRIPTION OF SUBJECT PROPERTY

- a. Address: _____
(If none currently, contact 911 Administration)
- b. Assessor's Parcel Number (s): _____
- c. Parcel Area (acres): _____
- d. Area of Development (acres/ square feet): _____
- e. Existing Land Use: _____
- f. Proposed Development & Use: _____

- g. Gross Floor Area (square feet)

GFA	Existing Building (s)	Proposed(new)			Total GFA (Existing + Proposed)
		Phase I	Phase II	Phase III	
Phased Development					

h. Parking/Loading Spaces

	Existing	Proposed (New)			Total
# of Parking Spaces					
Phased Development		Phase I	Phase II	Phase III	
Total Loading Spaces					
Phased Development					

i. Description of Screening/Buffer

Proposed Screening	Existing	Proposed
Fence (length and location, material)		
Landscape Buffer (length, size, spacing, and location)		
Other - Describe		

j. Description of Exterior Lighting

	Existing	Proposed
No. and location of light fixtures		
Note: All exterior lights shall be full cut off fixtures (include note on site plans)		

k. Building-to-Property Line setbacks

	Existing Buildings	Proposed buildings
Front setback		
Side setback		
Rear setback		

l. Access to Subject Lands: Check all that apply

- County Road, Name _____
 Highway, Name _____
 Private easement, Describe _____

m. 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: Check all that apply

- Publicly owned and operated sanitary sewage system
 Privately owned and operated individual septic system
 Other

Have you received approval from Heath Department?

- Yes
 No

Storm Drainage- Indicate how storm drainage will be provided on-site:

- Ditches
 Swales
 Retention pond
 Detention pond
 Bio retention pond
 Low Impact Development options (Appendix B)
 Other

OFFICE USE ONLY

AUTHORIZATION TO PROCESS: This application has been received and accepted for processing as a:

- | | |
|---|--|
| <input type="checkbox"/> Development requiring Site Plan Review

<input type="checkbox"/> Major Amendments to an approved site plan

<input type="checkbox"/> Minor Amendments to an approved site plan | <input type="checkbox"/> Adult oriented Business

<input type="checkbox"/> Retail liquor establishments

<input type="checkbox"/> Sports shooting ranges and sports facilities |
|---|--|

Name of Planning staff

Date of Authorization to process

	Item		Comment
1.	Name of Planning Jurisdiction		
2.	Is the subject property located in a Floodplain?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
3.	Is the subject property located in County's MS4 area?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
4.	Date the applicant attended DRC		
5.	Verify Notice of Public hearing-certified mail and sign posted on site (§ 4.8)		
6.	Site Visits		

Application Fee: \$ _____ **Receipt No.:** _____ **Date:** _____

Assigned File No.: _____ **Related Planning File No.:** _____

Additional Note: _____

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

