

Submittal Date: _____ Date Accepted as Complete: _____

\$150.00 Fee Paid on _____ via _____ Cash _____ CC _____ Check # _____ R# _____
Planning Approval: Yes _____ No _____ Date _____

Conditions of Approval: _____



Conditional Use Application PLANNING DEPARTMENT

200 Municipal Dr. ♦ PO Box 208 ♦ Centerton, AR 72719
PH (479)795-2750 ♦ FAX (479)795-2545 ♦ planning@centertonar.us

Fill out this form completely, supplying all necessary information and documentation to support your request. Your application will not be placed on the Planning Commission agenda until this information is furnished and the application fee is paid. Submittal deadlines are according to the Planning Submittal Calendar.

Project/Business Name: _____ Address: _____

Location: _____ Acreage _____ Parcel No. _____

Lot _____ Blk _____ Subdivision _____ Current Zoning _____

Current Use _____ Proposed Use _____

Temporary Permanent

If temporary, state length of time or ending date _____

Is the proposed use allowed under the subdivision's protective covenants? Yes No

Applicant/Representative: _____

Phone: _____

Address: _____

Cell: _____

Email: _____

Property Owner(s): _____

Phone: _____

Address: _____

Cell: _____

Email: _____

ATTACH DEED OR DOCUMENTATION SHOWING CURRENT OWNER

ATTACH CORRECT LEGAL DESCRIPTION IN WORD FORMAT

ATTACH SITE MAP OR PLAN DRAWN TO SCALE *the property lines, existing structure(s), proposed structure(s), and indoor and outdoor areas to be utilized, existing & proposed parking, ingress & egress locations.*

NARRATIVE DESCRIBE REQUESTED USE OF PROPERTY including pertinent information that is unique to the requested use

Examples below:

- Proposed use and reason for the proposed use;
- Planned Indoor and outdoor structural changes;
- Hours of operation, including days of the week;
- Proposed number of employees;
- Anticipated clients, deliveries, customers;
- State if public will or will not be coming into the building
- Parking- Please state if not open to public, additional parking is not required;
- Photographs of the property;

APPLICANT / REPRESENTATIVE: I certify under penalty of perjury that the foregoing statements and answers herein made, all data, information and evidence herewith submitted are in all respects, to the best of my knowledge and belief, true and correct. I understand that submittal of incomplete, incorrect or false information is grounds for invalidation of the application. I understand that the City may not approve my application or may set conditions on approval.

Printed Name _____ Signature _____ Date _____

PROPERTY OWNER / AUTHORIZED AGENT: I certify under penalty of perjury that I am the owner of the property that is the subject of this application and that I have read this application and consent to its filing. (If signed by the authorized agent, a letter from the property owner must be provided indicating that the agent is authorized to act on his/her behalf.)

PrintedName _____ Signature _____ Date _____

CONDITIONAL USE PERMIT DETAILS

Based on standard Code Requirements, businesses operating on certain zoned property may require that a Conditional Use Permit be granted by Planning Commission before the City can issue a Business License. (You may refer to Centerton's "Schedule of Uses" via our website: <http://centertonar.us/planning-development/> under Code Requirements / Zoning.)

1. Please complete the Conditional Use Permit Application (If you are not the property owner, the owner signature, or a signed letter from owner granting permission for the use requested, is required)
2. Provide a narrative describing your proposed business (see "Narrative Examples" on the Application, numbered 1-8) and include any other listed attachments.
3. Provide Site Map or Plan drawn to scale including the property lines, existing structure(s), proposed structure(s), and indoor and outdoor areas to be utilized, existing & proposed parking, ingress & egress locations.
4. Return all documents to the Planning Department at City Hall (200 Municipal Drive) with the application fee of \$150.00. (There will be a \$3.50 transaction fee for Credit/Debit payments.)
5. At the discretion of the Planning Director, the Applicant may be required to provide a list of adjacent property owners within 300-ft of the property, and to mail a certified Public Hearing Notice letter to each owner explaining the proposed use requested and date of hearing. The letter would be prepared by the Planning Dept. for the applicant's use.

All Conditional Use Permit requests require a Public Hearing:

- The Applicant will be responsible to post one or more signs provided by the City at the cost of \$7.00 per sign on the property subject to the Conditional Use, on or by the Monday that falls 2 weeks prior to the Public Hearing date.
- The Applicant is responsible for the removal & disposal of the sign, within one day following the hearing date.
- The sign must be viewable to the public and may be displayed on a fence with zip ties, or in the ground in front of the property where the Conditional Use applies, in the easement area, with visibility of both sides of the sign. Applicant must email planning a photo of the posted sign.
- The City will request publication of the Notice of Public Hearing, via the local paper, at the applicant's expense.
- The notice will be published 15 days prior to the public hearing date and an invoice sent to the applicant/owner for the cost. The Invoice must be paid no later than one day prior to the public hearing date.
- The City will also post notices for the hearing in 5 business locations on Centerton Blvd.

If approved, you will receive a formal approval letter, at which point you may apply for your City Business license at City Hall.

- Business License can be picked up at City Hall with payment of the applicable fee Mon-Fri. 8:00-5:00 PM. Contact number is 479-795-2750 x302

If you plan to display a Sign for your business you will need to submit a Sign Permit Application, which can be found via our website: <http://centertonar.us/planning-development/> under "Forms, Applications, & Checklists", to Anthony Martinez, via one of the following methods.

- Email to amartinez@centertonar.us
- Mail to City Hall / PO Box 208, Centerton (Attn: Anthony Martinez)
- Drop off to Anthony at the Centerton Street Dept. 11509 Hwy 72 West, Centerton
- For additional information regarding signage, requirements for signage, or code enforcement, please visit our Web Site www.centertonar.us or contact Anthony Martinez via email or phone 479-224-6028.

NOTE: This page is for reference only and does not need to be submitted with the application.

Feel free to contact Planning with any questions.

200 Municipal Dr
Centerton, AR 72719 479-795-2750 x302
planning@centertonar.us



2022 City Business License Application

City of Centerton
 Administration Department
 P.O. Box 208, Centerton, AR 72719
 Phone (479)795-2750 / Fax (479)795-2545

Business License # 22- _____

Business Name / Address	
Name of Business _____	
Physical Address _____	
Mailing Address _____	
Business Information	Business Owner Information
Manager's Name _____	Name _____
Tax Id # _____	Address _____
Business Description _____	City /State/ Zip _____
Business Phone () _____ - _____	Phone () _____ - _____
Business Fax () _____ - _____	Cell () _____ - _____
Business Email _____	Email _____
Business Hours _____	MAKE CHECK PAYABLE TO : CITY OF CENTERTON
Days Closed _____	
Payment	

<i>Check Appropriate Box</i>		<u>Department Approval</u> Internal Use Only
<input type="checkbox"/> Door to Door Sales (add \$5.00 for each additional employee)	\$50.00	<input type="checkbox"/> Fire <input type="checkbox"/> Building <input type="checkbox"/> Planning
<input type="checkbox"/> Home Based Business (Contractors are exempt)	\$25.00	
<input type="checkbox"/> New Business / Renewal / Daycares	\$50.00	
<input type="checkbox"/> Non-Profit Organization (must provide proper documentation)	Waived	
<u>APPLICATION FORM MUST BE RETURNED WITH PAYMENT</u>		

Municipal Code 4.04: The conducting and carrying on of any business, including but not limited to, all trades, occupations, vocations, callings and professions, except those specifically exempted in Section 3 of this ordinance, those specifically exempted by the laws of the state of Arkansas, and also excepting public utilities otherwise taxed by the city, within the boundaries of the city of Centerton, is hereby declared to be a privilege, and each and every person conducting or engaging in any such business shall apply for and pay for a license therefore in the amounts and procedural requirements as set out. For the purposes of this ordinance, "Business" is defined as any commercial activity whether such activity is the providing of a service or of goods.

SIGN PERMIT APPLICATION

CITY OF CENTERTON
11509 HWY 72W
CENTERTON, AR 72719
PHONE (479)224-6028

Application is hereby made for a Permit to erect and/or maintain an advertising sign in accordance with Centerton Sign Ordinance and where applicable, (HWY 102), the provisions of Act 640 of the 1967 Arkansas Legislature and in accordance with the rules and regulations established there under by the State Highway Commission. Off premise signs located along HWY 102 require conditional approval from the Centerton Planning Commission first, then approval from Arkansas Highway and Transportation Department, Environmental Division, P.O. Box 2261, North Little Rock, AR. 72203.
BANNERS & INFLATABLES PERMIT FEE \$10.00, ALL OTHER SIGNS \$50.00

PLEASE PRINT OR TYPE

NAME OF BUSINESS/FACILITY				TELEPHONE
NAME OF APPLICANT/OWNER/MANAGER	TITLE	BUSINESS MAILING ADDRESS	CITY	ZIP CODE
CONTRACTOR NAME	MAILING ADDRESS	CITY	ZIP CODE	TELEPHONE

PURPOSE OF APPLICATION

- New Construction (How is location marked - stake, flag, paint, etc.?) Existing Sign Enlarge Existing Sign Replace Existing Sign Face
 Add Illumination to Existing Sign Re-erect Existing Sign Other _____

THE FOLLOWING DRAWINGS MUST BE ATTACHED TO APPLICATION:

- Indicate your sign location by a diagram on reverse side of application or attachment Location (site plan) with all dimensions from row, property lines, etc.
 Drawing of the plans and specifications and method of construction and attachment to building or in the ground, including materials and illumination to be used in the erection and operation of the sign.

Site Address/Location _____

Zoning: A1 C1 C2 C3 I1 I2 RE R1 R2 R3 RTH-D RTH-M RC

NAME OF LANDOWNER	LAND OWNER SIGNATURE FOR PERMISSION OF SIGN ERECTION/MAINTENANCE		
MAILING ADDRESS	CITY	ZIP CODE	TELEPHONE

DESCRIPTION OF SIGN

Height of Sign: (from surface grade to top) _____ Ft. Height of Sign: (from bottom edge to top edge) _____ Ft.
Width of Sign: (from edge to edge) _____ Ft. Number of Sign Faces: _____
Total Area of Sign Face: _____ Sq. Ft. Total Area of Sign structure: _____ Sq. Ft.

Lighting: ILLUMINATED NONILLUMINATED TYPE OF ILLUMINATION: _____

If Illuminated an Electrical permit shall be obtained

Arrangement of Facing: Single Sided Back-to-Back "V" Type Side by Side Other _____

Sign Type:

- Awning Canopy Banner Development Entrance/Exit Freestanding Inflatable Neon
 Monument Multi-Tenant Portable Projecting Real Estate Subdivision Wall Window
 ELECTRONIC MESSAGE DISPLAY (EMD) OTHER _____

ON PREMISE OFF PREMISE (requires Centerton Planning Commission Approval) & may require AHTD approval.

Is AHTD Sign Permit required YES NO If YES then Centerton Planning Commission approval is Conditional based on AHTD approval.

CERTIFICATION

I certify that I have the authority to sign this application and statements made herein are true and correct. I certify that this sign will not encroach, in any manner, on private property, city property (ROW), state highway right-of-way and that it will be removed at no expense to the City of Centerton or AHTD if it is found to be an encroachment on city property (ROW), state highway right-of-way. I certify that this sign will comply with all City and/or State ordinances.

PLEASE PRINT NAME	SIGNATURE	TITLE/POSITION	DATE
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A PERMIT FOR ANY SIGN NOT ERECTED WITHIN SIX (6) MONTHS OF THE DATE OF THE PERMIT SHALL BE VOID.

FOR OFFICE USE ONLY

APPROVED BY CITY OF CENTERTON _____ DATE _____
DENIED BY CITY OF CENTERTON _____ DATE _____
Check Number _____ Amount \$ _____ Receipt No. _____ Cash\$ _____ Payment Date _____