

**CONDITIONAL USE PERMIT DETAILS**  
**FOR HOME OCCUPATION BUSINESS**

Home Occupation businesses require that a Conditional Use Permit be granted before the City can issue a Business License. Conditional Use Permits usually are processed via Administrative Approvals followed by confirmation of the Planning Commission. To be processed administratively, the proposed business must meet home occupation criteria contained in our Zoning Code. This is typical for most incorporated communities.

Attached find the Application form for a Conditional Use Permit and a Home Occupation Checklist.

- Please complete the application & Conditional Use Check list
- Provide a narrative describing your proposed business (see “Narrative Examples” on the Conditional Use Application, numbered 1-8) and include any other listed attachments.
- Return all documents to the Planning Department at City Hall (290 N. Main St) with the application fee of 20.00 per home occupation business. (There will be a \$1.50 transaction fee for Credit/Debit cards.)

It usually takes 5-10 business days to process, depending on current workload and whether all information is complete.

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

- For your convenience a Business License Application Form is attached, should you want to complete and submit it with your Conditional Use application. This will save you wait time for the License once you’ve been approved. (Home Based Business License is \$25)
- Business License can be picked up at City Hall with payment of the applicable fee. Contact number is 479-795-2750 x28.

If you plan to display a Sign for your business you will need to submit a Sign Permit Application, also attached for your convenience, to Anthony Martinez, via one of the following methods.

- Email to [amartinez@centertonar.us](mailto: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](http://www.centertonar.us) or contact Anthony Martinez via email or phone 479-224-6028.

Feel free to contact me with any questions.

*Carletta Ross*

Planning Assistant  
City of Centerton  
290 N. Main St.  
Centerton, AR 72719  
479-795-2750 x27  
[cross@centertonar.us](mailto:cross@centertonar.us)



City of Centerton  
**CONDITIONAL USE**  
Application & Checklist

Revised 03/25/16  
Project #    **CU**    -   

<b>Staff Use Only</b>	Submittal Date _____ Date Accepted as Complete _____ PC Meeting Date: _____
	\$100.00 Fee Paid _____ R# _____ on Date _____ H.O. Fee \$20.00 – Paid: _____
	Planning Approval: Yes _____ No _____ Date _____ Fire Inspection Required: Yes _____ No _____
	Conditions of Approval: _____

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 AND CORRECT LEGAL DESCRIPTION.**

**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:

1. *Proposed use and reason for the proposed use;*
2. *Planned indoor and outdoor structural changes;*
3. *Hours of operation, including days of the week;*
4. *Proposed number of employees;*
5. *Anticipated clients, deliveries, customers.*
6. *State if public will or will not be coming to in-home office.*
7. *Parking –Please state if not open to public, additional parking is not required.*
8. *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.)

Printed Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

# Conditional Use Checklist Home Occupation

For Office Use Only
PROJECT #: CU - _____
HEARING DATE: _____

**Applicant:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Project/Business Name:** \_\_\_\_\_

**Owner(s):** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Physical Address of Property:** \_\_\_\_\_

**Parcel No.:** \_\_\_\_\_ **S-T-R:** \_\_\_\_\_ **Lot Size:** \_\_\_\_\_

**Legal Description:** \_\_\_\_\_  City Limits  Planning Area

**Subdivision:** \_\_\_\_\_ **Covenants?**  Yes  No **ACRES** \_\_\_\_\_

**Current Zone:** \_\_\_\_\_ **Current Use:** \_\_\_\_\_

**Conditional Use Requested:** **Temporary?**  Yes  No **Length of time** \_\_\_\_\_

- |  |   |
|--|---|
| <p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p> | <p><input type="checkbox"/> <input type="checkbox"/> Is the home occupation located completely within the principal dwelling unit?</p> <p><input type="checkbox"/> <input type="checkbox"/> Is the home occupation solely operated by the owner(s) and/or occupant(s) of the dwelling (with the Owner's approval)? Note: If occupant is not the home owner, written, notarized permission from the property owner, disclosing detailed knowledge of the use, will be required)</p> <p><input type="checkbox"/> <input type="checkbox"/> Will there be any nonresident persons employed or independently contracted at the dwelling? If YES, please explain: _____</p> <p><input type="checkbox"/> <input type="checkbox"/> Is the home occupation primarily a retail sales operation on/in the dwelling as a place of business? (Incidental sales such as shampoo, cosmetics are permitted).</p> <p><input type="checkbox"/> <input type="checkbox"/> Does the home occupation occupy more than 25 percent of the gross habitable ground floor area of the principal dwelling unit?</p> <p><input type="checkbox"/> <input type="checkbox"/> Will the home occupation display merchandise for retail sale, either inside or outside the dwelling? If YES, please explain: _____</p> <p><input type="checkbox"/> <input type="checkbox"/> Will the home occupation have outside storage of equipment or materials related to the business? If YES, please explain: _____</p> <p><input type="checkbox"/> <input type="checkbox"/> Does the home occupation alter the external appearance of the principal dwelling unit?</p> <p><input type="checkbox"/> <input type="checkbox"/> Does the home occupation create noise, vibration, glare, fumes, electromagnetic interference, odors, or air pollution outside the principal dwelling unit? If YES, please explain.</p> <p><input type="checkbox"/> <input type="checkbox"/> Does the home occupation involve the storage of hazardous materials, other than substances of a type and quantity customarily associated with a home or hobby?</p> <p><input type="checkbox"/> <input type="checkbox"/> Will the home occupation cause more than one customer vehicle to be parked in the vicinity of the principal dwelling unit at a time?</p> |
|--|---|

- Will the home occupation involve the external or visible manufacturing of goods on site?
- Will the home occupation involve placement of temporary or semi-permanent visible signage or banner of advertisements? If Yes, a sign permit will be required.

The following additional requirements shall be considered when issuing a Home Occupation Conditional Use Permit by the Planning Commission:

1. Traffic generated by the proposed use must not negatively impact the safety, ambiance and characteristics of the residential neighborhood.
2. The home occupation does not create noise, vibration, glare, fumes, electromagnetic interference, odors or air pollution outside of a structure.
3. The home occupation is not primarily a retail sales operation (ie. Incidental sales of shampoo, cosmetics, etc., are permitted. eg. Mary Kay & Avon, etc.)
4. The home occupation does not involve the storage of hazardous materials, other than substances of a type and quantity customarily associated with a home or hobby.
5. The home occupation is solely operated by the owner(s) and/or occupant(s) of the dwelling (with the Owner's approval); No nonresident persons or independently contracted persons are employed on-site.



# 2017 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 # 17- \_\_\_\_\_

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 _____	<b>MAKE CHECK PAYABLE TO : CITY OF CENTERTON</b>
Days Closed _____	
Payment	

**Check Appropriate Box**

- |   |         |
|---|---------|
| <input type="checkbox"/> Door to Door Sales (add \$5.00 for each additional employee) | \$50.00 |
| <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  |

**APPLICATION FORM MUST BE RETURNED WITH PAYMENT**

**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  
P.O. BOX 208  
CENTERTON, AR 72719  
PHONE (479)795-2750 / FAX (479)795-2545

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 \_\_\_\_\_