

CONDITIONAL USE PERMIT DETAILS
FOR HOME OCCUPATION BUSINESS

Some Home Occupation businesses require that a Conditional Use Permit be granted before the City can issue a Business License. If each of the checklist answers on page 3 is "Agree" you will not be required to obtain a Conditional Use Permit. In the event any answer is "Disagree" please continue and follow the below instructions to apply for a Conditional Use Permit.

Some Conditional Use Permits for Home Occupations may be eligible for Administrative Approvals followed by confirmation of the Planning Commission. To be processed administratively, the proposed business must meet home occupation criteria based on Centerton's Zoning Code. In the event the home occupation/business does not meet the criteria the applicant must complete and submit the application, with the application fee, to the Planning Department for staff review.

Administrative approvals typically take 5-10 business days to process, depending on current workload and whether all information is complete.

Conditional Use Permits requiring approval by Planning Commission will require a Public Hearing and a Publication of the Notice of a Public Hearing at least 15 days prior to the hearing. The publication will be at the applicant/home owner's expense. A Notice of Public Hearing sign will be created by the City for the applicant/owner to pick up and post on the property, either on or by the 15- day notice deadline.

- Please complete the Conditional Use Permit Application & Check list
- Provide a narrative describing your proposed business (see "Narrative Examples" on the 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 payments.)

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
- 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.

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



City of Centerton
CONDITIONAL USE
Application & Checklist

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

Staff Use Only	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 _____



HOME OCCUPATION CHECKLIST

Please indicate your answer to each of the following with a ✓

	Agree	Disagree	QUESTION
1			The home occupation is located completely within the principal dwelling unit.
2			The home occupation is solely operated by the owner(s) and/or occupant(s) of the dwelling. (No non-resident persons are employed or independently contracted.)
3			The home occupation/retail sales operation is not the primary use of the residence. (Primary use of the home is Residency, secondary is home occupation)
4			The home occupation does not occupy more than 25% of the gross habitable ground floor area of the principal dwelling unit.
5			The home occupation does not display merchandise or have outside storage equipment or materials. (Materials and equipment used to produce product for retail sale is stored completely within the dwelling or accessory structure.)
6			The home occupation does not alter the external appearance of the principal dwelling unit.
7			The home occupation does not create noise, vibration, glare, fumes, electromagnetic interferences, odors, or air pollution outside the principal dwelling unit.
8			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.
9			The home occupation will not cause more than one customer vehicle to be parking in the vicinity of the principal dwelling unit at a time.
10			The home occupation does not involve the external or visible manufacturing of goods on site.

Note: Any temporary or semi-permanent visible signage or baller of advertisement will require a Sign Permit. _____

Do not sign this disclaimer if any of the above was checked "Disagree". (A Conditional Use Permit will be required for your home occupation prior to being issued a Business License)

My below signature confirms that I, _____, have agreed to each of the above with integrity as True statements and agree to inform the City of any changes related to the above requirements, with the knowledge that a Conditional Use Permit for a Home Occupation may be required based on those changes. I also understand, and am aware, that the City has the authority to revoke and/or deny renewal of my Home Occupation Business License for failure to comply with the above requirements or failure to inform the City of changes within these requirements.

X _____

____ / ____ / ____

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.



2018 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 # 18- _____

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 _____	
Days Closed _____	

**MAKE CHECK PAYABLE TO :
CITY OF CENTERTON**

Payment

Check Appropriate Box

- | | | |
|---|---------|----------------------------|
| <input type="checkbox"/> Door to Door Sales (add \$5.00 for each additional employee) | \$50.00 | <u>Department Approval</u> |
| <input type="checkbox"/> Home Based Business (Contractors are exempt) | \$25.00 | { } Fire |
| <input type="checkbox"/> New Business / Renewal / Daycares | \$50.00 | { } Building |
| <input type="checkbox"/> Non-Profit Organization (must provide proper documentation) | Waived | { } Planning |

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 _____