

## **Conditional Use Pre-Application**

This document is to be submitted to the Springdale Planning & Community Development Division via iWorQ, planningapplications@springdalear.gov, or in person at 201 Spring Street, Springdale, AR.

Applicant (person making request)  Name:  E-mail:  Address:	Site/ Location:  Assessor's Parcel Number(s):  Current Zoning:	
Phone:	Use Unit Requested:  Total Acreage:	
Current Occupancy Classification: Determined Occupancy Classification: Chief Building Official: Date:		
structure to adopted building and fire codes for the proposed conditional use or required upgrades and/or improvements required for use of the structure for the proposed conditional use.  2. A notarized statement by the property owner and applicant recognizing all structural alterations requirements that must be completed inspected and approved prior to occupancy of the structure.		
STAFF USE ONLY		
Date Application Submitted:  Date Accepted as Complete:		

Note: If upgrades and/or improvements are required for the conditional use to be allowed in the structure a registered design professional would need to submit plans per the 2012 Arkansas Fire Prevention Code, Volume II: Building – Section 107.1, "....A registered design professional, an architect or engineer legally registered under the laws of this state regulating the practice of architecture or engineering shall be required and shall affix his or her official seal to said drawings, specifications, and accompanying data.....".

## Statement Of Recognition of Structural Requirements in Conjunction with a Conditional Use on Appeal

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identified by the Chief Building Official and Fire Ma	eution of this statement, that the structural alterations arshal as stated below and attached and made a part of in a zoning district to the eture located at:
Property Location	
	cution of this statement, that the structural alterations proved prior to occupancy of the structure as identified
	f Building Official and Fire Marshal of required f the structure for the above cited conditional use.
Printed Name of Record Property Owner(s)	Printed Name of Applicant(s)
Signature of Record Property Owner(s)	Signature of Applicant(s)
Date:	Date:
State of Arkansas ) ) ss. County of )	
SUBSCRIBED AND SWORN TO before me, a No	otary Public, this theday of, 20
	Notary Public
My commission expires:	<u> </u>