



Town of Avoca
P.O. 160
222 N. Old Wire Road
Avoca, AR 72711
479-621-5921
townofavoca@sbcglobal.net

Date Application Submitted _____
Application Fee Paid _____ Receipt # _____
Date of Planning Meeting _____
Date Application Approved _____
Date Application Denied _____
(For Office Use Only)

AVOCA PLANNING DEPARTMENT PROJECT APPLICATION

Application and plans must be complete in order to be accepted for plan review.

Applications will not be accepted through the mail or fax.

Please print clearly.

- | | |
|---|--|
| <input type="checkbox"/> Development Master Plan | <input type="checkbox"/> Lot Split |
| <input type="checkbox"/> Development/Site Plan Review | <input type="checkbox"/> Plat Modification/Re-platting |
| <input type="checkbox"/> Final Plat – Subdivision | <input type="checkbox"/> Preliminary Plat Subdivision |
| <input type="checkbox"/> Informal Plat – Subdivision | <input type="checkbox"/> Re-Zone |
| <input type="checkbox"/> Large Scale Development | <input type="checkbox"/> Tract Split |
| <input type="checkbox"/> Lot Line Adjustment | <input type="checkbox"/> Variance |

PROPERTY OWNER (1):

Name: _____
Address: _____
City: _____ State: _____
Zip: _____ Phone: _____
Email: _____

PROPERTY OWNER (2):

Name: _____
Address: _____
City: _____ State: _____
Zip: _____ Phone: _____
Email: _____

PROPERTY OWNER (3):

Name: _____
Address: _____
City: _____ State: _____
Zip: _____ Phone: _____
Email: _____

Applicant Representative (All info in this section is required for a complete application):

Name: _____
Address: _____
City: _____ State: _____
Zip: _____ Phone: _____
Email: _____

SITE LOCATION (1):

Address: _____
City: _____ State: _____ Zip: _____

SITE INFO (1):

Parcel #: _____ Zoned: _____
Section: _____ Township: _____ Range: _____ Block: _____ Lot: _____
Subdivision _____
Size of existing lot: _____ Size of proposed lot: _____
Proposed use: ☐ Commercial ☐ Multi Family ☐ Single Family ☐ Other _____
Has owner subdivided any portion of the above-described property prior to the date of this application?
☐ YES ☐ NO If yes, indicate number of parcels _____ Date: _____
Total number of lot coverage (acres) _____ Total Proposed Open Spaces (acres) _____
Does the proposed meet all setback requirements within the zoning district? ☐ YES ☐ NO
Easement ? ☐ YES ☐ NO Right of way? ☐ YES ☐ NO Is the lot in a flood plan? ☐ YES ☐ NO

SITE LOCATION (2):

Address: _____
City: _____ State: _____ Zip: _____

SITE INFO (2):

Parcel #: _____ Zoned: _____
Section: _____ Township: _____ Range: _____ Block: _____ Lot: _____
Subdivision _____
Size of existing lot: _____ Size of proposed lot: _____
Proposed use: ☐ Commercial ☐ Multi Family ☐ Single Family ☐ Other _____
Has owner subdivided any portion of the above-described property prior to the date of this application?
☐ YES ☐ NO If yes, indicate number of parcels _____ Date: _____
Total number of lot coverage (acres) _____ Total Proposed Open Spaces (acres) _____
Does the proposed meet all setback requirements within the zoning district? ☐ YES ☐ NO
Easement ? ☐ YES ☐ NO Right of way? ☐ YES ☐ NO Is the lot in a flood plan? ☐ YES ☐ NO

SITE LOCATION (3):

Address: _____
City: _____ State: _____ Zip: _____

SITE INFO (3):

Parcel #: _____ Zoned: _____
Section: _____ Township: _____ Range: _____ Block: _____ Lot: _____
Subdivision _____
Size of existing lot: _____ Size of proposed lot: _____
Proposed use: ☐ Commercial ☐ Multi Family ☐ Single Family ☐ Other _____
Has owner subdivided any portion of the above-described property prior to the date of this application?
☐ YES ☐ NO If yes, indicate number of parcels _____ Date: _____
Total number of lot coverage (acres) _____ Total Proposed Open Spaces (acres) _____
Does the proposed meet all setback requirements within the zoning district? ☐ YES ☐ NO
Easement ? ☐ YES ☐ NO Right of way? ☐ YES ☐ NO Is the lot in a flood plan? ☐ YES ☐ NO

SIGNATURES:

I, understand and have thoroughly read and understand the application and the list of items to be shown on the plans and documents for review and I consent to all the requirements as set forth in the application.

Signature: _____ Date: _____

Signature: _____ Date: _____

AUTHORIZATION TO ACT AS AGENT (OWNER AUTHORIZATION)

In the event the owner of the property desires to have another individual act as his/her authorized representative in support of this application the following statement must be completed and signed:

I, _____, owner (s) of the above referenced lot (s) hereby designate _____ with _____ as my agent regarding this application for review.

Signature: _____ Date: _____

Signature: _____ Date: _____

- All permit fees are non-refundable.
- Avoca Planning Meetings are the 3rd Tuesday of each month.
- All applications, surveys and fees must be in the Recorder/Treasurers office fourteen (14) working days prior to the Avoca Planning meeting.