



City of Farmington
354 W. Main Street
P.O. Box 150
Farmington, AR 72730
479-267-3865
479-267-3805 (fax)

PLANNING COMMISSION AGENDA
May 21, 2012

**A meeting of the Farmington Planning Commission will be held on
Monday, May 21, 2012 at 6:00 p.m. at City Hall
354 W. Main Street, Farmington, Arkansas.**

1. Roll Call
2. Approval of the minutes –minutes not available at this time
3. Comments from Citizens – the Planning Commission will hear brief comments at this time from citizens. No action will be taken. All comments will be taken under advisement.
4. **PUBLIC HEARING**
 - A. Conditional Use for Sale of Fireworks – Hale Fireworks Central Ar.**
Property owned by: Rausch Coleman
Property Location: 120 N. Holland
Presented by: Reggie Hale
 - B. Conditional Use for Sale of Fireworks – Hale Rainbow Fireworks**
Property owned by: Jim Ayers
Property Location: 12292 W. Hwy 62
Presented by: Carla Hefner

CITY OF FARMINGTON

APPLICATION FOR CONDITIONAL USE
FOR SALE OF FIREWORKS

Applicant's Name Hale Fireworks Central Arkansas Date 4-3-12

Address 120 N Holland

Phone # 479-381-1076

Zoning C-2 & R1

Description of proposed use: For Retail Sale of Fireworks

The following information must be provided before you will be placed on the Farmington Planning Commission agenda.

1. Location approval by fire department. (form must be completed and signed by Farmington Fire Chief)

2. Payment of \$250.00 fee.

3. The applicant has provided proof that each adjacent property owner has been notified by return receipt mail or personal contact. If personal contact is used, a signed affidavit by the owner must be submitted. The affidavit must contain information notifying of the proposed intent and the date of the public hearing, at a minimum.

4. The applicant has provided a site plan showing adequate ingress, egress and parking. (No on street parking will be allowed.)

5. The applicant has provided proof that arrangements for waste collection services have been made.

6. The applicant has provided proof of premises liability insurance that covers the insured (Fireworks Manufacturer and/or Wholesaler), the Farmington property owner where the stand is located, the Fireworks Stand Owner and Operator; Sub-Operator, if applicable, and the City of Farmington, Arkansas for bodily injury and/or property damage arising out of the ownership, operation, use and maintenance of the insured retail premises, with a minimum coverage of \$1,000,000 for each occurrence and a minimum of \$3,000,000 in general aggregate coverage.

7. Must place signs in compliance with the City's sign ordinance.

8. If electricity is needed, an electrical permit must be obtained from City Building Inspector.

9. If site is not addressed contact Susan at the City of Fayetteville 575-8380, she will assign an address to the site.

10. Must have a representative present at the Planning Commission Meeting (Public Hearing).

LOCATION APPROVAL OF FIREWORKS STAND

The Farmington Fire Department must approve the location of the fireworks stand in accordance with the following requirements:

- ✓ 1. The fireworks are not being stored or sold in a permanent structure in the city.
- ✓ 2. The fireworks stand is in compliance with Arkansas and federal law and the 2000 International Fire code, and approved by the Farmington Fire Department.
- ✓ 3. Fireworks stand is not located within 250 feet of a fuel dispensing facility and fireworks stand has a setback of a minimum of 50 feet from the nearest street or highway and 200 feet from school grounds.

Mark P. [Signature]
Farmington Fire Chief

4/3/12
Date

Hale Fireworks

After conditional use approval the following are required:

1. Business license. (\$50.00 for new one and \$25.00 for a renewal)
2. Site inspection prior to opening must be completed by Fire Chief.

AFFIDAVIT

I hereby certify that I FRED RAUSCH FOR RAUSCH COLEMAN HOMES
Print name

Acting as agent/owner, have provided notice to affected parties in accordance with the requirements set forth in the instruction given with the application and that the notice information provided is to the best of my knowledge true and factual. I am hereby enclosing the following supporting documents: copies of the notice, mailing receipts, return cards and any notices that were undeliverable.

Fred Rausch
Signature

4-2-2012
Date

RAUSCH COLEMAN HOMES OWNS PROPERTY ON
THE EAST AND ~~NORTH~~ BOUNDARY OF THE SITE.
HIGHWAY 62 FRONTS THE SOUTH BOUNDARY AND
HOLLAND DRIVE TO THE WEST.

Fred Rausch
4-2-2012

AFFIDAVIT

I hereby certify that I Reggie Hale
Print name

Acting as agent/owner, have provided notice to affected parties in accordance with the requirements set forth in the instruction given with the application and that the notice information provided is to the best of my knowledge true and factual. I am hereby enclosing the following supporting documents: copies of the notice, mailing receipts, return cards and any notices that were undeliverable.

Reggie Hale
Signature

4-4-12
Date

7011 0470 0000 8578 9944

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

FARMINGTON AR 72730 OFFICIAL USE

Postage	\$ 0.45	0230 02 Postmark Here
Certified Fee	\$2.95	
Return Receipt Fee (Endorsement Required)	\$2.35	
Restricted Delivery Fee (Endorsement Required)	\$0.00	
Total Postage & Fees	\$ 5.75	

04/04/2012

Sent To Stacy Lee Morgan
 Street, Apt. No.;
 or PO Box No. 123 Layne St
 City, State, ZIP+4 Farmington Ar 72730
 PS Form 3800, August 2006 See Reverse for Instructions

7011 0470 0000 8578 9937

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

FARMINGTON AR 72730 OFFICIAL USE

Postage	\$ 0.45	0230 02 Postmark Here
Certified Fee	\$2.95	
Return Receipt Fee (Endorsement Required)	\$2.35	
Restricted Delivery Fee (Endorsement Required)	\$0.00	
Total Postage & Fees	\$ 5.75	

04/04/2012

Sent To Big Dog Management LLC
 Street, Apt. No.;
 or PO Box No. P.O. Box 11
 City, State, ZIP+4 Farmington Ar 72730
 PS Form 3800, August 2006 See Reverse for Instructions

7011 0470 0000 8578 9968

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

FAYETTEVILLE AR 72703 OFFICIAL USE

Postage	\$ 0.45	0230 02 Postmark Here
Certified Fee	\$2.95	
Return Receipt Fee (Endorsement Required)	\$2.35	
Restricted Delivery Fee (Endorsement Required)	\$0.00	
Total Postage & Fees	\$ 5.75	

04/04/2012

Sent To Hoskin Annetta Sagley Clifford Sagley
 Street, Apt. No.;
 or PO Box No. 1601 N Sang Ave
 City, State, ZIP+4 Fayetteville Ar 72703
 PS Form 3800, August 2006 See Reverse for Instructions

7011 0470 0000 8578 9975

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

FARMINGTON AR 72730 OFFICIAL USE

Postage	\$ 0.45	0230 02 Postmark Here
Certified Fee	\$2.95	
Return Receipt Fee (Endorsement Required)	\$2.35	
Restricted Delivery Fee (Endorsement Required)	\$0.00	
Total Postage & Fees	\$ 5.75	

04/04/2012

Sent To Larry Hodges
 Street, Apt. No.;
 or PO Box No. 345 E Main
 City, State, ZIP+4 Farmington Ar 72730
 PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Larry Hodges
345 E. main
Farmington Ar
72730

2. Article Number

(Transfer from service label)

7011 0470 0000 8578 9975

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-154

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Larry Hodges

- Agent
- Addressee

B. Received by (Printed Name)

Larry Hodges

C. Date of Delivery

4/5/12

D. Is delivery address different from item 1?

- Yes
- No

3. Service Type

- Certified Mail
- Registered
- Insured Mail
- Express Mail
- Return Receipt for Merchandise
- C.O.D.

4. Restricted Delivery? (Extra Fee)

- Yes

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Stacy Lee Morgan
123 Layne St.
Farmington Ar
72730

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Stacy Lee Morgan

- Agent
- Addressee

B. Received by (Printed Name)

Stacy Morgan

C. Date of Delivery

4-6-12

D. Is delivery address different from item 1? Yes No

3. Service Type
- Certified Mail
 - Registered
 - Insured Mail
 - Express Mail
 - Return Receipt for Merchandise
 - C.O.D.

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Big Dog Management LLC
P.O. Box. 11
Farmington Ar
72730

2. Article Number

(Transfer from service label)

7011 0470 0000 8578 9937

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-154

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Trish M

- Agent
- Addressee

B. Received by (Printed Name)

Trish M

C. Date of Delivery

4/5/12

D. Is delivery address different from item 1?

- Yes
- No

3. Service Type

- Certified Mail
- Registered
- Insured Mail
- Express Mail
- Return Receipt for Merchandise
- C.O.D.

4. Restricted Delivery? (Extra Fee)

- Yes

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Hoskins Annetta Sagley
Clifford Sagley
1601 N. Sang Ave
Fayetteville Ar 72703

2. Article Number

(Transfer from service label)

7011 0470 0000 8578 9968

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Annetta Hoskins

- Agent
- Addressee

B. Received by (Printed Name)

Annetta Hoskins

C. Date of Delivery

4-6-12

D. Is delivery address different from item 1?

- Yes
- No

3. Service Type

- Certified Mail
- Registered
- Insured Mail
- Express Mail
- Return Receipt for Merchandise
- C.O.D.

4. Restricted Delivery? (Extra Fee)

- Yes

RECEIPT

DATE 4-3-12

No.

540633

RECEIVED FROM Shale Investments Limited Arkansas \$ 250.00

Two hundred & fifty & no/100 DOLLARS

FOR RENT Conductors Hill Appl's a bar

FOR per sale of records

ACCOUNT	
PAYMENT	<u>250.00</u>
BAL. DUE	

- CASH
- MONEY ORDER
- CHECK
- CREDIT CARD

FROM _____ TO _____
BY S. Calhoun

Search Results

Record 1 to 1 of 1

[Print Page]

Parcel: **760-01257-000** S-T-R: **24-16-31** Type: **RI** Assessed Value: **16,050**

1 Location Address: **131 N LAYNE ST FARMINGTON**

Owner Name: **GRANT, ROGER & EUGENE**

Mailing Address: **117 CYNTHIA AVE. FARMINGTON AR 72730**

Search Time **0** Seconds

[Next Group](#) | [Previous Group](#) | [Modify Search](#) | [New Search](#)

*MINA GRANT
131 N Layne St Farmington*

Mina Grant

I gave her a copy of notice of public hearing.

Reggie Hale

The City of Farmington requires me
to notify any adjacent land owners
that we will be selling Retail Fireworks
at 120 N Holland Street from June 20th
to July 6th. Please sign confirming you
have been notified. Thank you.

4-4-12

[Signature]

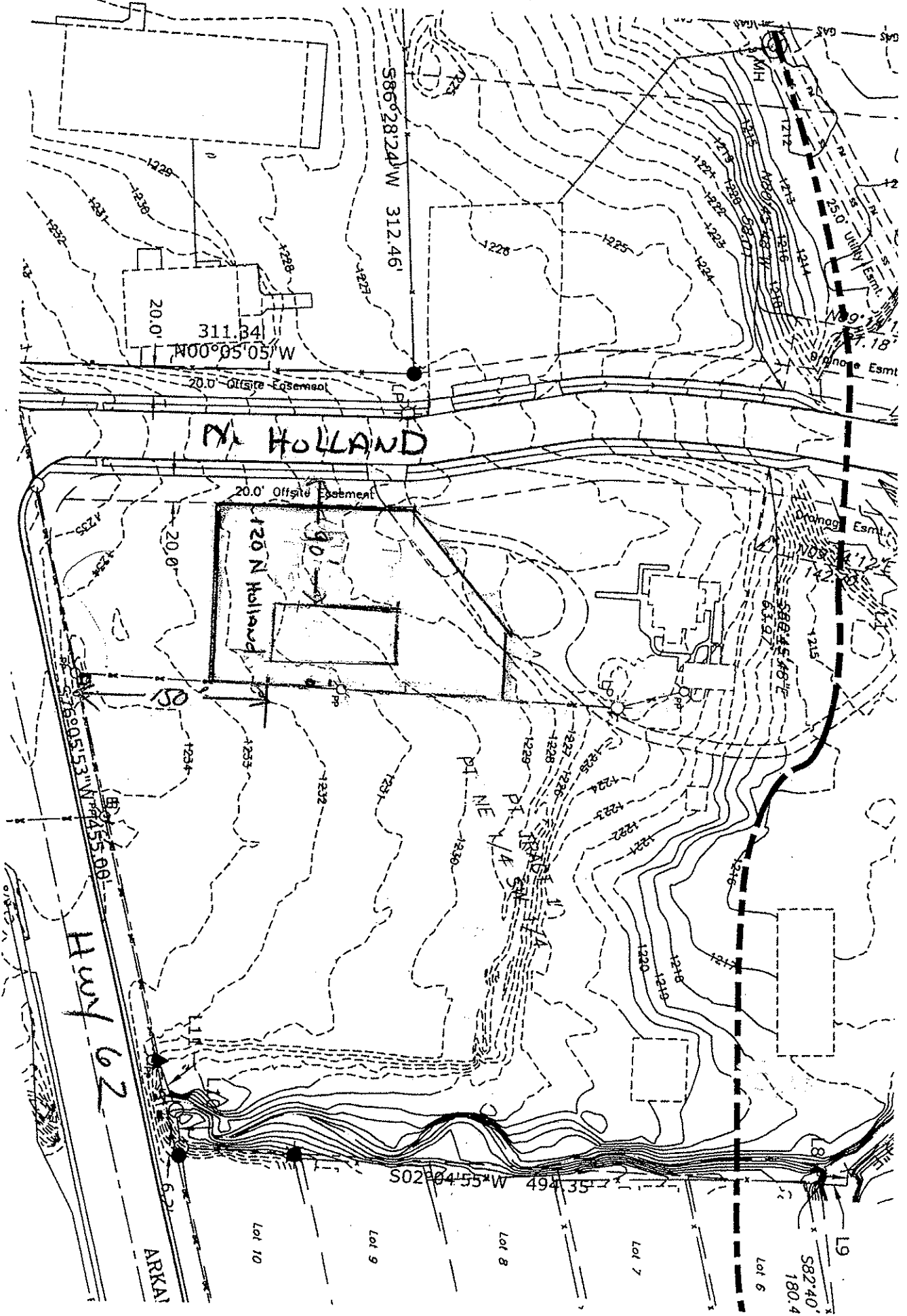
Kenneth Roe

390 EAST Main
Collision Center

The City of Farmington requires me
to notify any adjacent land owners
that we will be selling Retail Fireworks
at 120 W Holland Street From June 20th
To July 6th. Please sign confirming you
Have been notified. Thank you.

Char Felt

Lewis Automotive
323 East Main



M. HOLLAND

120 N Holland

Arkay 62

502°04'55\" W 494.35'

882'40\"
180.4

ARKAY

Lot 10

Lot 9

Lot 8

Lot 7

Lot 6

Lot 5

Hale Fireworks will keep
trash hauled off at 120
North Holland Street Farmington Ar.
in a timely manner. (3 times a
week more if needed)

Reggie Hale



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
4/3/2012

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Britton-Gallagher and Associates, Inc. 6240 SOM Center Rd. Cleveland OH 44139	CONTACT NAME: PHONE (A/C, No., Ext): 440-248-4711 E-MAIL ADDRESS:	FAX (A/C, No): 440-544-1234
	INSURER(S) AFFORDING COVERAGE	
INSURED Hale Fireworks LLC 48 Brokenbow Road Buffalo MO 65622	INSURER A: Lexington Insurance Co	
	INSURER B: Maxum Indemnity Company	
	INSURER C:	
	INSURER D:	
	INSURER E:	
INSURER F:		NAIC # 26743

COVERAGES **CERTIFICATE NUMBER:** 757228032 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

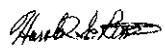
INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC			2695671-04	3/1/2012	3/1/2013	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$50,000 MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000 \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$			EXC6018500-01	3/1/2012	3/1/2013	EACH OCCURRENCE \$4,000,000 AGGREGATE \$4,000,000 \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y <input checked="" type="checkbox"/> N If yes, describe under DESCRIPTION OF OPERATIONS below			N/A			WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

****Additional Insured****
Hale Fireworks Central Arkansas
In respect to the fireworks location at 120 N Holland, Farmington, AR 72730

CERTIFICATE HOLDER

CANCELLATION

Rausch Coleman Homes, LLC/David C Frye, Manager 62 E Main Street Farmington AR 72730	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE 

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CITY OF FARMINGTON

APPLICATION FOR CONDITIONAL USE
FOR SALE OF FIREWORKS

Applicant's Name Hale's Rainbow Fireworks/Carla Hefner Date 4/17/2012

Address 2316 W. Skyler Drive, Fayetteville, AR 72703

Phone # 479 530 6332

Zoning Commercial

Description of proposed use: Sale of fireworks June/July 2012 at
Ayers Drywall 12292 Highway 62 W Farmington

The following information must be provided before you will be placed on the Farmington Planning Commission agenda.

1. ✓ Location approval by fire department. (form must be completed and signed by Farmington Fire Chief)
2. ✓ Payment of \$250.00 fee.
3. ✓ The applicant has provided proof that each adjacent property owner has been notified by return receipt mail or personal contact. If personal contact is used, a signed affidavit by the owner must be submitted. The affidavit must contain information notifying of the proposed intent and the date of the public hearing, at a minimum.
4. ✓ The applicant has provided a site plan showing adequate ingress, egress and parking. (No on street parking will be allowed.)
5. ✓ The applicant has provided proof that arrangements for waste collection services have been made.
6. ✓ The applicant has provided proof of premises liability insurance that covers the insured (Fireworks Manufacturer and/or Wholesaler), the Farmington property owner where the stand is located, the Fireworks Stand Owner and Operator; Sub-Operator, if applicable, and the City of Farmington, Arkansas for bodily injury and/or property damage arising out of the ownership, operation, use and maintenance of the insured retail premises, with a minimum coverage of \$1,000,000 for each occurrence and a minimum of \$3,000,000 in general aggregate coverage.
7. ✓ Must place signs in compliance with the City's sign ordinance.
8. ✓ If electricity is needed, an electrical permit must be obtained from City Building Inspector.
9. ✓ If site is not addressed contact Susan at the City of Fayetteville 575-8380, she will assign an address to the site.
10. Must have a representative present at the Planning Commission Meeting (Public Hearing).

After conditional use approval the following are required:

1. Business license. (\$50.00 for new one and \$25.00 for a renewal)
2. Site inspection prior to opening must be completed by Fire Chief.

RECEIPT

DATE 4-6-12 No. 545656

RECEIVED FROM Joe Greenwald

\$ 250.00

DOLLARS

FOR RENT Two hundred fifty

FOR rent. 10 - 2 months

ACCOUNT	
PAYMENT	<u>DS in</u>
BAL. DUE	

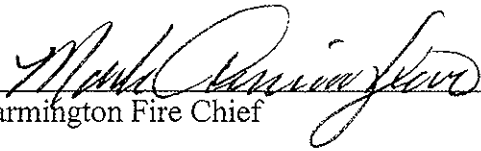
- CASH
- MONEY ORDER
- CHECK
- CREDIT CARD

FROM _____ TO _____
BY G. Valera

LOCATION APPROVAL OF FIREWORKS STAND

The Farmington Fire Department must approve the location of the fireworks stand in accordance with the following requirements:

1. The fireworks are not being stored or sold in a permanent structure in the city.
2. The fireworks stand is in compliance with Arkansas and federal law and the 2000 International Fire code, and approved by the Farmington Fire Department.
3. Fireworks stand is not located within 250 feet of a fuel dispensing facility and fireworks stand has a setback of a minimum of 50 feet from the nearest street or highway and 200 feet from school grounds.


Farmington Fire Chief

4-3-12
Date

Carla Hefner
Rainbow fireworks
479-530-6332

AFFIDAVIT

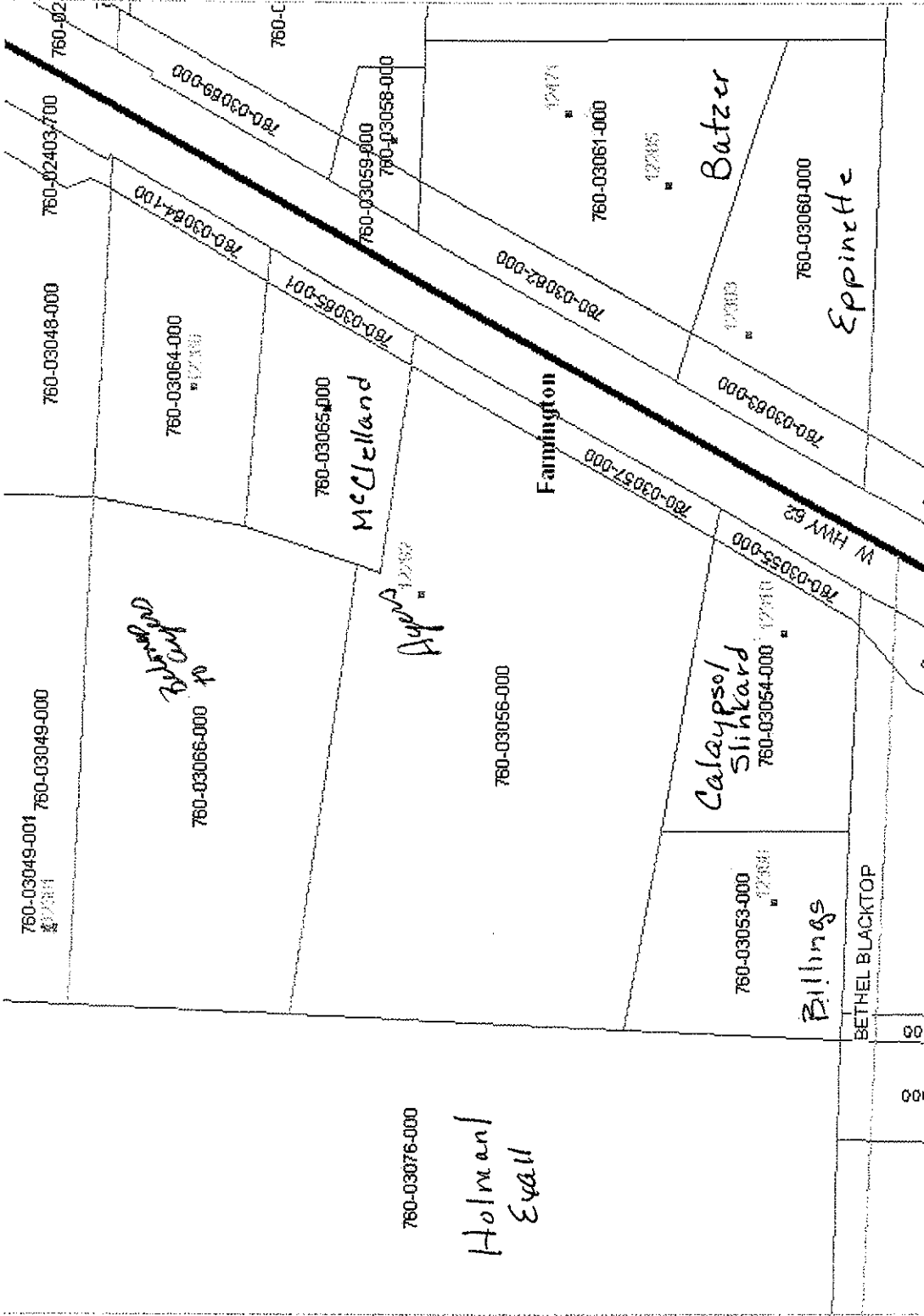
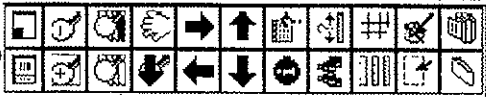
I hereby certify that I Carla Hefner
Print name

Acting as agent/owner, have provided notice to affected parties in accordance with the requirements set forth in the instruction given with the application and that the notice information provided is to the best of my knowledge true and factual. I am hereby enclosing the following supporting documents: copies of the notice, mailing receipts, return cards and any notices that were undeliverable.

Carla Hefner
Signature

4/17/2012
Date

Washington County



Layers

Visible Active

- Building Addresses
- DEM Addresses
- County Street Cent
- Flood Zones
- TIF Districts
- Building Only Parce
- Building Footprints
- Building Footprints
- County Parcel Label
- County Parcel Label Green
- 100' Contours
- 50' Contours
- 25' Contours
- County Parcels
- Subdivisions
- S-T-R
- City Limits
- Voting Districts2012
- Voting Districts
- Zoning
- County Boundary
- Soils
- School Districts
- City Planning Areas
- Timber Cover
- AERIALPHOTO201

Zoom In

Search Results

Record 1 to 1 of 1

[Print Page](#)

Parcel: **760-03060-000** S-T-R: **27-16-31** Type: **CR** Assessed Value: **24,807**
 Location Address: **12303 W HWY 62 FARMINGTON**
 1 Owner Name: **EPPINETTE, DON L & HEATHER L (INGRAM)**
 Mailing Address: **12303 W Highway 62 Farmington AR 72730-8604**

Search Time **0** Seconds

[Next Group](#) | [Previous Group](#) | [Modify Search](#) | [New Search](#)

7011 2000 0001 0328 9882

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FARMINGTON AR 72730-8604 **OFFICIAL USE**

Postage	\$ 0.45	0202
Certified Fee	\$2.95	15
Return Receipt Fee (Endorsement Required)	\$2.35	APR 12 2012
Restricted Delivery Fee (Endorsement Required)	\$0.00	Postmark Here
Total Postage & Fees	\$ 5.75	04/12/2012

Sent To: **Don or Heather Eppinette**
 Street, Apt. No. or PO Box No.: **12303 Highway 62**
 City, State, ZIP+4: **Farmington, AR 72730-8604**

PS Form 3800, August 2006 See Reverse for Instructions

Search Results

Record 1 to 1 of 1

[Print Page]

Parcel: **760-03061-000** S-T-R: **27-16-31** Type: **CI** Assessed Value: **50,950**
 Location Address: **12287 W HWY 62 FARMINGTON**
 Owner Name: **BATZER, STEPHEN A LIVING TRUST**
 Mailing Address: **P O BOX 610 FARMINGTON AR 72730**

Search Time 0 Seconds

[Next Group](#) | [Previous Group](#) | [Modify Search](#) | [New Search](#)

7011 2000 0001 0328 9899

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FARMINGTON AR 72730

Postage	\$	\$0.45
Certified Fee		\$2.95
Return Receipt Fee (Endorsement Required)		\$2.35
Restricted Delivery Fee (Endorsement Required)		\$0.00
Total Postage & Fees	\$	\$5.75

0202
15
Postmark Here
APR 12 2012
04/12/2012

Sent to
Stephen A Batzer Living Trust
 Street, Apt. No.,
 or PO Box No. PO Box 610
 City, State, ZIP+4
 Farmington, AR 72730

PS Form 3800, August 2006 See Reverse for Instructions

Search Results

Record 1 to 1 of 1

[Print Page](#)

Parcel: **760-03053-000** S-T-R: **27-16-31** Type: **RI** Assessed Value: **25,970**
1 Location Address: **12398 BETHEL BLACKTOP RD FARMINGTON**
Owner Name: **BILLINGS, H V & CONNIE L**
Mailing Address: **PSC 2 BOX 8222 APO AE 09012**

Search Time **0** Seconds[Next Group](#) | [Previous Group](#) | [Modify Search](#) | [New Search](#)

*Connie Billings lives in Germany.
Signed by occupant-her son, Eric Billings.*

NOTICE OF A PUBLIC HEARING BEFORE THE FARMINGTON PLANNING COMMISSION ON AN APPLICATION FOR CONDITIONAL USE

To all Owners of land lying adjacent to the property at:

12292 Highway 62 W Farmington, AR
Location

Jim Ayers (Ayers Drywall)
Owned by

NOTICE IS HEREBY GIVEN THAT an application has been filed for CONDITIONAL USE at the above property.

The purpose of this request is to use this property for:

Sale of Fireworks (Tent)
June 21 through July 7, 2012

A public hearing on said application will be held by the Farmington Planning commission in City Hall, 354 W. Main Street, on May 21, 2012 at 6:00 p.m.

All parties interested in this matter may appear and be heard at said time and place or may notify the Planning Commission of their views on this matter by letter. All persons interested in this request are invited to call or visit the city Business Manager in City Hall, 354 W. Main Street, 267-3865, and to review the application and discuss the same with the staff.

Eric Billings 12398 Bethel Blacktop Rd 

Search Results

Record 1 to 1 of 1

[Print Page](#)

Parcel: **760-03054-000** S-T-R: **27-16-31** Type: **RI** Assessed Value: **11,830**
Location Address: **12310 W HWY 62 FARMINGTON**
1 Owner Name: **CALYPSO PROPERTIES LLC**
Mailing Address: **12747 S HWY 265 PRAIRIE GROVE AR 72753**

Search Time **0** Seconds

[Next Group](#) | [Previous Group](#) | [Modify Search](#) | [New Search](#)

NOTICE OF A PUBLIC HEARING BEFORE THE FARMINGTON PLANNING COMMISSION ON AN APPLICATION FOR CONDITIONAL USE

To all Owners of land lying adjacent to the property at:

Ayers Drywall 12292 Highway 62 W Farmington
Location

Jim Ayers
Owned by

NOTICE IS HEREBY GIVEN THAT an application has been filed for CONDITIONAL USE at the above property.

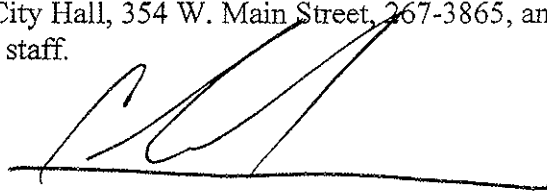
The purpose of this request is to use this property for:

Sale of fireworks June/July 2012

A public hearing on said application will be held by the Farmington Planning commission in City Hall, 354 W. Main Street, on May 21, 2012 at 6:00 p.m.

All parties interested in this matter may appear and be heard at said time and place or may notify the Planning Commission of their views on this matter by letter. All persons interested in this request are invited to call or visit the city Business Manager in City Hall, 354 W. Main Street, 267-3865, and to review the application and discuss the same with the staff.

Cliff Slinkard



Hogeye, Inc

12747 S Highway 265

Prairie Grove, AK 72753

846-4670 fax

Search Results

Record 1 to 1 of 1

[Print Page]

Parcel: **760-03076-000** S-T-R: **28-16-31** Type: **AM** Assessed Value: **5,260**
 Location Address: **BETHEL BLACKTOP RD FARMINGTON**
 1 Owner Name: **HOLMAN, GLORIA O; EXALL, WILLIAM BLAIR ; EXALL, JOHN STUART JR**
 Mailing Address: **3123 S W HUBER PORTLAND OR 97219**

Search Time **0** Seconds

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7011 2000 0001 0328 4054

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
<i>(Domestic Mail Only; No Insurance Coverage Provided)</i>	
For delivery information visit our website at www.usps.com	
OFFICIAL USE	
Postage	\$ 0.45
Certified Fee	\$2.95
Return Receipt Fee (Endorsement Required)	\$2.35
Restricted Delivery Fee (Endorsement Required)	\$0.00
Total Postage & Fees	\$ 5.75

0202
11
APR 10 2012
Post Office Here
04/10/2012
John Exall

Sent to
Gloria Holman, William Exall
Street, Apt. No.,
or PO Box No. 3123 SW Huber
City, State, ZIP+4
Portland, OR 97219

PS Form 3800, August 2006 See Reverse for Instructions

Search Results

Record 1 to 1 of 1

[Print Page]

Parcel: **760-03065-000** S-T-R: **27-16-31** Type: **RI** Assessed Value: **13,560**
1 Location Address: **12280 W HWY 62 FARMINGTON**
Owner Name: **MCCLELLAND, ALICE G ; MEADORS, JOHNNY N**
Mailing Address: **PO Box 554 Farmington AR 72730-0554**

Search Time **0** Seconds

[Next Group](#) | [Previous Group](#) | [Modify Search](#) | [New Search](#)

NOTICE OF A PUBLIC HEARING BEFORE THE FARMINGTON PLANNING COMMISSION ON AN APPLICATION FOR CONDITIONAL USE

To all Owners of land lying adjacent to the property at:

Ayers Drywall 12292 Highway 62 W Farmington
Location

Jim Ayers
Owned by

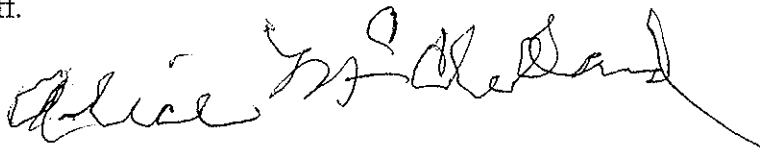
NOTICE IS HEREBY GIVEN THAT an application has been filed for CONDITIONAL USE at the above property.

The purpose of this request is to use this property for:

Sale of fireworks June/July 2012

A public hearing on said application will be held by the Farmington Planning commission in City Hall, 354 W. Main Street, on May 21, 2012 at 6:00 p.m.

All parties interested in this matter may appear and be heard at said time and place or may notify the Planning Commission of their views on this matter by letter. All persons interested in this request are invited to call or visit the city Business Manager in City Hall, 354 W. Main Street, 267-3865, and to review the application and discuss the same with the staff.

Alice McClelland 
12280 Highway 62
PO Box 554
Farmington, AR 72730
267-3372

Search Results

Record 1 to 1 of 1

[Print Page](#)

Parcel: **760-03066-000** S-T-R: **27-16-31** Type: **CV** Assessed Value: **3,715**
Location Address: **FARMINGTON**
¹ Owner Name: **AYERS, JAMES DAVID & REBECCA MARIE AYERS CO-TTEES**
Mailing Address: **11337 S WEDINGTON BLACKTOP LINCOLN AR 72744**

Search Time **0** Seconds

[Next Group](#) | [Previous Group](#) | [Modify Search](#) | [New Search](#)

Same owners as the requested property.

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Donor Heather
Eppinette
12303 W Highway 62
Farmington, AR
72730-8604

2. Article Number

(Transfer from service label)

7011 2000 0001 0328 9882

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Heather Eppinette Agent
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

HEATHER EPPINETTE 4/20/12

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. Service Type

- Certified Mail Express Mail
- Registered Return Receipt for Merchandise
- Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Stephen A Butzer
Living Trust
PO Box 610
Farmington, AR 72730

2. Article Number

(Transfer from service label)

7011 2000 0001 0328 9899

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Bonita R. Wolf Agent
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

BONITA R. WOLF 4/13/12

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. Service Type

- Certified Mail Express Mail
- Registered Return Receipt for Merchandise
- Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Gloria Holman
William Exall
John Exall
3123 SW Huber
Portland, OR 97219

2. Article Number

(Transfer from service label)

7011 2000 0001 0328 4054

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Gloria Holman Agent
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

Gloria Holman

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

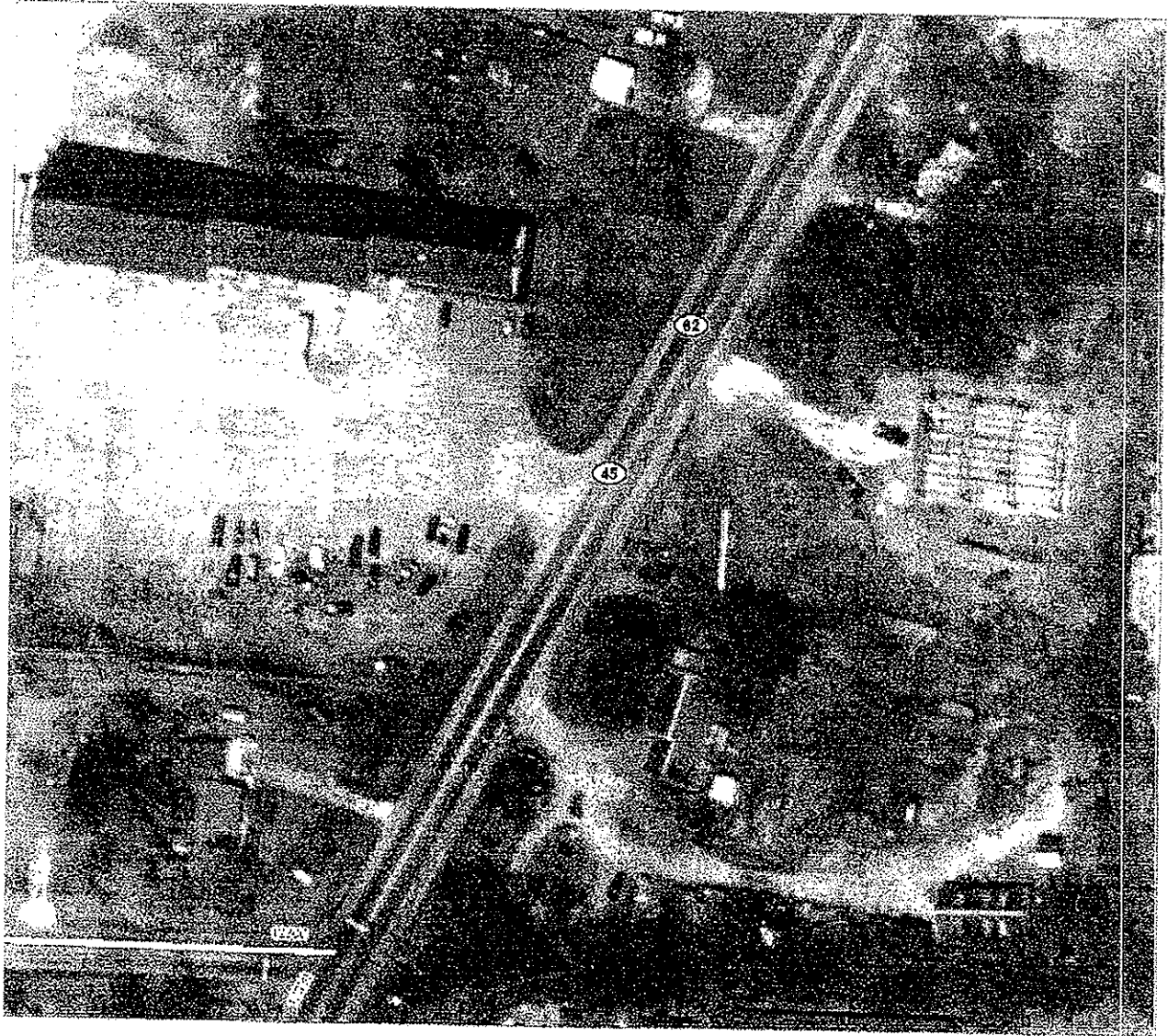
3. Service Type

- Certified Mail Express Mail
- Registered Return Receipt for Merchandise
- Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

Google Address



April 13, 2012

I will be removing trash daily from the Rainbow fireworks tent located at Ayers Drywall.

Carla Hefner

A handwritten signature in cursive script that reads "Carla Hefner". The letters are fluid and connected, with a prominent loop at the start of the first name.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

4/3/2012

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Britton-Gallagher and Associates, Inc. 6240 SOM Center Rd. Cleveland OH 44139	CONTACT NAME: PHONE (A/C No. Ext): 440-248-4711		FAX (A/C No): 440-544-1234
	E-MAIL ADDRESS: ADDRESS:		
INSURED Hale Fireworks LLC 48 Brokenbow Road Buffalo MO 65622	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: Lexington Insurance Co		
	INSURER B: Maxum Indemnity Company		26743
	INSURER C:		
	INSURER D:		
	INSURER E:		

COVERAGES

CERTIFICATE NUMBER: 1447650303

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR VWD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC			2695671-04	3/1/2012	3/1/2013	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$50,000 MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
B	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$			EXC6018500-01	3/1/2012	3/1/2013	EACH OCCURRENCE \$4,000,000 AGGREGATE \$4,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				<input type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

ADDITIONAL INSURED: Jim Ayers; Rainbow Fireworks
 In respect to the fireworks location at Hwy 62 West, Farmington, AR

CERTIFICATE HOLDER

Ayers Property
 P.O. Box 657
 Farmington AR 72730

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE