

City of Farmington
Application and Checklist
Large Scale Development

Please fill out this form completely, supply all necessary information to support your request. Your application will not be placed on the agenda for Technical Plat Review or Planning Commission until all information is furnished.

Applicant: City of Farmington Day Phone: 479-267-3865
Address: 354 W. Main, Farmington, AR 72730 Fax: 479-267-3805
Representative: Geoff Bates Day Phone: 479-442-9350
Address: 7230 S. Pleasant Ridge, Fayetteville Fax: _____
Property Owner: City of Farmington Day Phone: 479-267-3865
Address: 354 W. Main, Farmington, AR 72730 Fax: 479-267-3805

Indicate where correspondence should be sent (circle one): Applicant – Representative -- Owner

Fee: A non-refundable review fee of **\$500** is required at the time the application is accepted. *In the event engineering review fees and costs exceed \$500, the owners and/or developers shall reimburse the City of Farmington for all additional expenses incurred prior to review by the Farmington Planning Commission. In the event the Farmington Planning Commission requires modifications to the large scale development and additional engineering fees and costs are incurred, the owners and/or developers shall reimburse the City of Farmington before the large scale development is resubmitted to the Farmington Planning Commission.*

For office use only:

Fee paid \$ _____ Date _____ Receipt # _____

Describe Proposed Property In Detail (Attach additional pages if necessary)

Property Description

Site Address -- N Broyles St, Farmington

Current Zoning -- Park

Attach legal description

(Public Works Bldg.)

Financial Interests

The following entities or people have a financial interest in this project:

City of Farmington, Arkansas

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 of Farmington may not approve my application or may set conditions on approval.*


Applicant Signature

Date 1/24/17

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 behalf.)*

Owner/Agent Signature _____ Date _____

LSD/Subdivision Application Checklist:

Yes No N/A, why?

1. Completed application form which includes: name and address of person preparing application, name and address of property owner, including written, notarized documentation to verify that the applicant has permission to locate on property, zoning district, size of property, postal address and tax parcel number.	✓		
2. Payment of application fee.			
3. A descriptive statement of the objective(s) for the new facility or material modification and the need for the type of facility and/or capacity requirements.			
4. Fifteen (15) copies of the site plan folded to a size of no greater than 10" X 10 ½ ".	✓		
5. List of adjacent property owners and copy of notification letter sent. *	✓		
6. White receipts from post office and green cards from registered letters (at least 7 days prior to the meeting).			
7. Proof of publication of public hearing notice, should be published a minimum of 10 days prior to planning commission meeting (proof must be provided at least 7 days prior to the meeting).			
The Following Shall Appear on the Site Plan:			
1. Names, addresses and telephone numbers of the record owners, applicant, surveyor, architect, engineer and person preparing the plat.	✓		
2. Names, addresses and property lines and zoning of all property owners adjacent to the exterior boundaries of the project including across streets and rights of way shall be located at the general location of their property.*	✓		
3. North arrow, graphic scale, acreage, date of preparation, zoning classification and proposed use.	✓		
4. Complete and accurate legend.	✓		
5. Title block located in the lower right hand corner indicating the name and type of project, scale, firm or individual preparing drawings, date and revision.	✓		
6. Note regarding wetlands determination, if any. Note if Army Corps of Engineers determination is in progress.	✓		
7. Written legal description. (If the project is in more than one tract the legal for each individual tract must be provided.)	✓		
8. P.O.B. from a permanent well-defined reference point, P.O.B. must be clearly labeled.	✓		
9. Clear representation of the FEMA Designated 100-year Floodplain and or Floodway and base flood elevations. Reference the FIRM panel number and effective date and the Corps of Engineers Flood Hazard Study.	✓		
10. Status of regulatory permits:			
a. NPDES Storm water Permit			
b. 404 Permit			
c. Other			
11. Provide a benchmark, clearly defined with a precision of 1/100 th of a foot. This benchmark must be tied to NAVD 88 datum; Benchmarks include but are not limited to, the following: fire hydrant, manhole rim, drainage structure	✓		

abutment, etc.			
12. Spot elevations at grade breaks along the flow line of drainage swales.	✓		
13. A general vicinity map of the project at a scale of 1" = 2000'	✓		
14. The location of all existing structures. Dimensions of buildings and setbacks from the building to property lines.	✓		
15. Street right-of-way lines clearly labeled. The drawing shall depict any future ROW needs as determined by the AHTD and/or Master Street Plan. Future ROW as well as existing ROW and center lines should be shown and dimensioned.	✓		
16. Existing topographic information with source of the information noted. Show:	✓		
a. Two foot contour for ground slope between level and ten percent.			
b. Four foot contour interval for ground slope exceeding 10%.			
17. Preliminary grading plan.			
Existing Utilities and Drainage Improvements (Copy of the Drainage Criteria Manual can be obtained from the City of Farmington)			
1. Show all known on site and off-site existing utilities, drainage improvements and easements (dimensioned) and provide the structures, locations, types and condition and note them as "existing" on the plat.	✓		
2. Existing easements shall show the name of the easement holder, purpose of the easement, and book and page number for the easement. If an easement is blanket or indeterminate in nature, a note to this effect should be placed on the plan.	✓		
Proposed Utilities			
1. Regarding all proposed storm sewer structures and drainage structures:	✓		
a. Provide structure location and types.			
b. Provide pipe types and sizes.			
2. Regarding all proposed sanitary sewer systems	✓		
a. Provide pipe locations, sizes and types.			
b. Manhole locations.			
3. Note the occurrence of any previous sanitary sewer overflow problems on-site or in the proximity of the site	✓		
4. If a septic system is to be utilized, note that on the plat. Show the location and test data for all percolation tests.			Public Sewer
5. Regarding all proposed water systems on or near the site:	✓		
a. Provide pipe locations, sizes and types.			
b. Note the static pressure and flow of the nearest hydrant.			
c. Show the location of proposed fire hydrants, meters, valves, backflow preventers and related appurtenances.			
6. All proposed underground or surface utility lines if determined: (this category includes but is not limited to telephone, electrical, natural gas and cable.)	✓		
a. Locations of all related structures.			
b. Locations of all lines above and below ground.			
c. A note shall be placed where streets will be placed under the existing overhead facilities and the			

approximate change in the grade for the proposed street.			
7. The width, approximate locations and purposes of all proposed easements or rights-of-way for utilities, drainage, sewers, flood control, ingress/egress or other public purposes within and adjacent to the project.	✓		
Proposed and Existing Streets, Rights-of-way and Easements			
1. The location, widths and names (avoid using first names of people for new streets) of all existing and proposed streets, allies, paths and other rights-of-way, whether public or private within and adjacent to the project; private easements within and adjacent to the project; and the centerline curve data; and all curb return radii. Private streets shall be clearly identified and named.	✓		
2. A layout of adjoining property sufficient detail to show the affect of proposed and existing streets (including those on the master street plan), adjoining lots and off-site easements. This information can be obtained from the Master Street Plan.	✓		
3. The location of all existing and proposed street lights (at every intersection, cul-de-sac and every 300 feet, and associated easements to serve each light.)	✓		
Site Specific Information			
1. Provide a note describing any off site improvements.			No Off-site Improvements
2. The location of known existing or abandoned water wells, sumps, cesspools, springs, water impoundments and underground structures within the project.			None on-site
3. The location of known existing or proposed ground leases or access agreements, if known. (e.g. shared parking lots, drives, areas of land that will be leased.)			None on-site
4. The location of all known potentially dangerous areas, including areas subject to flooding, slope stability, settlement, excessive noise, previously filled areas and the means of mitigating the hazards (abatement wall, signage, etc.)			None on-site
5. The boundaries, acreage and use of existing and proposed public area in and adjacent to the project. If land is to be offered for dedication for park and recreation purposes it shall be designated.			No park dedication
6. For large scale residential development, indicate the use and list in a table the number of units and bedrooms.			Non-Residential
7. For non-residential use, indicate the gross floor area and if for multiple uses, the floor area devoted to each type of use. (Large Scale Developments only.)	✓		
8. The location and size of existing and proposed signs, if any.	✓		
9. Location and width of curb cuts and driveways. Dimension all driveways and curb cuts from side property line and surrounding intersections.	✓		
10. Location, size, surfacing, landscaping and arrangement of parking and loading areas. Indicate pattern of traffic flow; include a table showing required, provided and handicapped accessible parking spaces. (Large Scale Developments only.)	✓		
11. Location of buffer strips, fences or screen walls, where required (check the zoning ordinance).	✓		
12. Location of existing and purposed sidewalks.	✓		
13. Finished floor elevation of existing and purposed structures.	✓		
14. Indicate location and type of garbage service (Large Scale	✓		

**CITY OF FARMINGTON
TECHNICAL PLAT REVIEW COMMITTEE REPORT**

Applicant: City of Farmington
Project Name: Farmington Public Works Building - LSD
Engineer/Architect: Bates & Associates, Inc.

Date: February 7, 2017

Following are **recommendations** from the Technical Plat Review Committee which **must be addressed prior to your application being submitted to the Planning Commission at its next regular meeting**. The information must be submitted to the Planning Office before **12:00 noon** the following Tuesday from the date above in order for the item to be placed on the agenda for the Commission meeting. A **narrative** addressing each comment must be submitted along with the revised plat.

Representing: City of Farmington

Name: Christopher B. Brackett, P. E.

1. Note that the instructions above say that the technical plat comments must be addressed prior to re-submission, and that a narrative for each comment must also be submitted along with the revised plat.
2. Gravel parking lots are not allowed by City Ordinance. This area must be paved with a dust free surface or a variance must be submitted.
3. The sidewalk must be continuous through the drive.
4. Show the detention pond on all the plans.
5. Show the correct grading for the detention pond.
6. Show the detention pond outlet structure in the plans and add a detail.
7. Show how the discharge from the detention pond will be conveyed downstream.
8. Verify that the area north of the building does not enter the detention pond.

**CITY OF FARMINGTON
TECHNICAL PLAT REVIEW COMMITTEE REPORT**

Applicant: City of Farmington

Date: 2-7-17

Project Name: Farmington Public Works Building – Large Scale Development

Engineer/Architect: Bates & Associates, Inc.

Following are **recommendations** from the Technical Plat Review Committee that **must be addressed prior to your application being submitted to the Planning Commission at its next regular meeting**. The information must be submitted to the Planning Office before **12 noon** the following Tuesday from the date above in order for the item to be placed on the agenda for the Commission meeting. A narrative addressing each comment must be submitted along with the revised plat.

Representing: PGTEL CO Name: SHANE BELL
479-841-0980

Please stub out future ducts from the building to the West & out from under the proposed Asphalt & gravel lot.

Received By: _____



Bates & Associates, Inc.

Civil Engineering - Land Surveying - Landscape Architecture

7230 Pleasant Ridge Dr. / Fayetteville, AR 72704

PH: 479-442-9350 * FAX: 479-521-9350

City of Farmington
354 W. Main St
Farmington, AR 72730

RE: Farmington Public Works Building Technical Plat Review Comment Response

Dear City Staff,

Please see the responses below to the comments from the February 7, 2017 Technical Plat Review.

City of Farmington Comments (Chris Brackett)

1. Note that the instructions above say that the technical plat comments must be addressed prior to re-submission, and that a narrative for each comment must also be submitted along with the revised plat.

This letter will serve as a comment response narrative.

2. Gravel parking lots are not allowed by City Ordinance. This area must be paved with a dust free surface or a variance must be submitted.

Entire surface will be asphalt.

3. The sidewalk must be continuous through the drive.

Sidewalk revised to be continuous through drive.

4. Show the detention pond on all plans.

Detention pond added to all plan sheets.

5. Show the correct grading for the detention pond.

Detention pond grading revised.

6. Show detention pond outlet structure in the plans and add a detail.

Outlet structure added to all plans, and detail added.

7. Show how the discharge from the detention pond will be conveyed downstream.

Rip-rap will spread the runoff back to sheet flow, and runoff will be directed towards the inlets on Marvel Street to match current conditions.

8. Verify that the area north of the building does not enter detention pond.

Area north of the building regraded to ensure that runoff does not enter detention pond.

9. Locate 24" Pipe.

24" Storm Pipe added to plans.

City of Fayetteville Comments (Jonathan Ely):

1. This project is located within the Fayetteville Water service area.
2. Service connections for both water and sewer are shown to come off the eastern end of Spokane Street. The developer or their contractor will be responsible for completing an application for both a water tap, and a sewer tap, as well as applications for new service. Coordinate with Fayetteville Water Department for location and size of meter.

Plans have been revised to show water main extension from North along Broyles. Water service will be provided at new main. Sewer tap will remain as shown on previous submittal. All necessary applications will be completed by developer.

3. No fire hydrants are shown near the new building. If a new hydrant is required, a water main will need to be extended to the site. Any new water or sewer main extensions must be submitted to the City of Fayetteville Engineering Division for review prior to construction.

Plans have been revised to show water main extension from North along Broyles. Fire Hydrant will be provided at new main. Plans will be submitted to Engineering for review prior to construction.

PGTELCO Comments (Shane Bell):

1. Please stub out future ducts from the building to the west and out from under the proposed asphalt and gravel lot.

Conduits added to west side of building on Utility Plan.

Fire Department Comments (Wink Cunningham):

1. Need to add fire hydrant at driveway & Broyles.

Fire hydrant added (water main extension also added along Broyles from north).

2. Add "no parking" fire lane on rounded curb.

No curb is proposed, fire lane signage added to plans.

3. Add Knox Box.

Knox Box added to Utility Plan.

Please contact me if you have any further questions or concerns.

Sincerely,



Jason Young
Project Manager
Bates & Associates, Inc.



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

February 3, 2016

NOTICE OF PUBLIC HEARING

Dear Adjacent Property Owner,

An Application for a Large Scale Development has been applied for by The City of Farmington. The proposed development is located on North Broyles St, North of Creekside Park and East/South of Meadowlark Subdivision. The proposed development consists of one 9,088 gross-square-foot building, and associated parking lot, asphalt and gravel paving, and drainage improvements. The building will be used for maintenance and storage of the Farmington Street Department vehicles and equipment. The property resides under the "Park" zoning district designation. Please see the attached Parcel Map for reference to where this proposed development will be located in relation to your property.

A hearing on this Application will be held by the Farmington Planning Commission on Monday, February 27 at 6:00 p.m. at Farmington City Hall, 354 West Main, Farmington Arkansas. All interested persons are invited to attend.

If you have any questions or require additional information, please feel free to contact me at your convenience.

Sincerely,

A handwritten signature in blue ink, appearing to read "Ernie L. Penn".

Ernie L. Penn
Mayor

NOTICE OF PUBLIC HEARING

An application for the Farmington Public Works Building at the property described below has been filed with the City of Farmington on January 24, 2017.

Parcel 760-1377-011:

A PART OF THE NORTHWEST QUARTER OF THE SOUTHEAST QUARTER AND A PART OF THE SOUTHWEST QUARTER OF THE SOUTHEAST QUARTER OF SECTION 23, TOWNSHIP 16 NORTH, RANGE 31 WEST, WASHINGTON COUNTY, ARKANSAS, BEING PARTICULARLY DESCRIBED AS FOLLOWS, TO-WIT: COMMENCING AT THE NORTHEAST CORNER OF SAID NORTHWEST QUARTER OF THE SOUTHEAST QUARTER AND RUNNING THENCE S02°27'38"W 153.05', THENCE N87°32'17"W 111.25', THENCE S02°27'38"W 280.00' TO AN EXISTING REBAR MARKING THE TRUE POINT OF BEGINNING AND RUNNING THENCE S02°27'38"W 19.88' TO AN EXISTING CONCRETE MONUMENT, THENCE S87°32'26"E 78.97", THENCE S01°49'22"W 801.01', THENCE N87°47'25"W 23.17', THENCE ALONG A CURVE TO THE LEFT HAVING A RADIUS OF 189.19' FOR A CHORD BEARING AND DISTANCE OF S67°05'15"W 139.44' TO AN EXISTING NAIL, THENCE S48°57'35"W 505.39', THENCE ALONG A CURVE TO THE RIGHT HAVING A RADIUS OF 252.75' FOR A CHORD BEARING AND DISTANCE OF S56°01'07"W 63.40', THENCE N02°13'29"E 589.31' TO AN EXISTING CONCRETE MONUMENT, THENCE N88°01'34"W 34.93' TO AN EXISTING CONCRETE MONUMENT, THENCE N02°11'40"E 675.00', THENCE S87°47'13"E 519.37' TO THE POINT OF BEGINNING, CONTAINING 13.69 ACRES, MORE OR LESS. SUBJECT TO ALL EASEMENTS AND RIGHTS-OF-WAY OF RECORD.

Layman's Description:

13.69 Acres, located on West side of North Broyles Street, Farmington, Arkansas 72730, North of Creekside Park and South/East of Meadowlark Subdivision.

The Applicant requests a 9,088 sq. ft. building and associated parking lot and paving.

A public meeting to consider this request for a Farmington Public Works Building at the above described property will be held on February 27, 2017 at 6:00 p.m. at Farmington city Hall, 354 W. Main, Farmington, Arkansas. All interested persons are invited to attend.



**Bates &
Associates, Inc.**

Civil Engineering & Surveying

7230 S. Pleasant Ridge Dr / Fayetteville, AR 72704

PH: 479-442-9350 * FAX: 479-521-9350

January 24, 2017

City of Farmington
354 W. Main St
Farmington, AR 72730

RE: City of Farmington Maintenance Building Large Scale Development

Dear City Staff,

Please see the attached Parcel Map and list of Adjoining Property owners for the City of Farmington Maintenance Building Large Scale Development.

ADJACENT LAND OWNERS (PARCEL 760-01377-011)

- ✓ 1) WARD, BARRY M
47 E ROB ST
FARMINGTON, AR 72730-3053
PARCEL #760-02656-000
ZONED: R-1
- ✓ 2) LENSER, ANDREW J & AMBER M
55 E ROB ST
FARMINGTON, AR 72730
PARCEL #760-02655-000
ZONED: R-1
- ✓ 3) BAHN, CHRISTOPHER R & TONI B
67 E ROB ST
FARMINGTON, AR 72730
PARCEL #760-02654-000
ZONED: R-1
- ✓ 4) MACE, WILLIAM W
73 E ROB ST
FARMINGTON, AR 72730
PARCEL #760-02653-000
ZONED: R-1

- ✓ 5) GORDON, NICKLAUS;
BOGGS, BRITTNEY
79 E ROB ST
FARMINGTON, AR 72730
PARCEL #760-02652-000
ZONED: R-1

- ✓ 6) ALDRIDGE, JON C
87 E ROB ST
FARMINGTON, AR 72730
PARCEL #760-02651-000
ZONED: R-1

- ✓ 7) MCCULLAH, GARY D
BATES, CLARE H
PO BOX 725
FARMINGTON, AR 72730
PARCEL #760-02540-000
ZONED: R-1

- ✓ 8) KOSGLOW, KRISTIN
1295 48TH AVE
SAN FRANCISCO, CA 94122
PARCEL #760-02539-000
ZONED: R-1

- 9) CITY OF FARMINGTON
PO BOX 150
FARMINGTON, AR 72730
PARCEL #760-01377-010
ZONED: PARK

- 10) CITY OF FARMINGTON
PO BOX 150
FARMINGTON, AR 72730
PARCEL #760-01377-010
ZONED: PARK

- 11) CITY OF FARMINGTON
PO BOX 150
FARMINGTON, AR 72730
PARCEL #760-01377-010
ZONED: PARK

- 12) CITY OF FARMINGTON
PO BOX 150
FARMINGTON, AR 72730
PARCEL #760-01377-010
ZONED: PARK

- 13) CITY OF FARMINGTON
PO BOX 150
FARMINGTON, AR 72730
PARCEL #760-01377-010
ZONED: PARK
- 14) CITY OF FARMINGTON
PO BOX 150
FARMINGTON, AR 72730
PARCEL #760-01377-010
ZONED: PARK
- 15) CITY OF FARMINGTON
PO BOX 150
FARMINGTON, AR 72730
PARCEL #760-01377-010
ZONED: PARK
- 16) CITY OF FARMINGTON
PO BOX 150
FARMINGTON, AR 72730
PARCEL #760-01377-010
ZONED: PARK
- 17) CITY OF FARMINGTON
PO BOX 150
FARMINGTON, AR 72730
PARCEL #760-01377-010
ZONED: PARK
- 18) CITY OF FARMINGTON
PO BOX 150
FARMINGTON, AR 72730
PARCEL #760-01377-010
ZONED: PARK
- 19) CITY OF FARMINGTON
PO BOX 150
FARMINGTON, AR 72730
PARCEL #760-01377-010
ZONED: PARK
- 20) CITY OF FARMINGTON
PO BOX 150
FARMINGTON, AR 72730
PARCEL #760-01377-010
ZONED: PARK

- ✓ 21) FRUCHTL, DEVIS L
74 N SABLE ST
FARMINGTON, AR 72730-3068
PARCEL #760-02680-000
ZONED: R-1
- ✓ 22) WEST, RICHARD R & DANITA D
116 MILITARY RD
MARION, AR 72364-1753
PARCEL #760-02679-000
ZONED: R-1
- ✓ 23) JARRETT, MICHAEL CALVIN &
ANNA- MARIE W
86 N SABLE ST
FARMINGTON, AR 72730
PARCEL #760-02678-000
ZONED: R-1
- ✓ 24) STANDRIDGE, CODY R & AMANDA M
90 N SABLE ST
FARMINGTON, AR 72730
PARCEL # 760-02677-000
ZONED: R-1
- ✓ 25) PIERSON, MELINDA A
98 N SABLE ST
FARMINGTON, AR 72730
PARCEL #760-02676-000
ZONED: R-1
- ✓ 26) HIGHVIEW RENTALS LLC
PO BOX 1496
FARMINGTON, AR 72730
PARCEL #760-02675-000
ZONED: R-1
- ✓ 27) WALKER, JOHN M
878 N FRITZ DR
FAYETTEVILLE, AR 72701-2113
PARCEL #760-02674-000
ZONED: R-1
- ✓ 28) CHAMBERS, SUSAN D
42 E MARVEL ST
FARMINGTON, AR 72730
PARCEL #760-02673-000
ZONED: R-1

- ✓ 29) CHANCE, STEPHEN & LA RUTH
4832 W ASHLAND AVE
VISALIA, CA 93277
PARCEL #760-02668-000
ZONED: R-1
- ✓ 30) SHAW, BROOKE NEAL & JAMES;
WILLIAMSON, MICHAEL COREY
6526 W COAT BRIDGE
ROGERS, AR 72758
PARCEL #760-02667-000
ZONED: R-1
- ✓ 31) VINEY, MIRANDA L
45 E SAXONY ST
FARMINGTON, AR 72730-3064.
PARCEL #760-02662-000
ZONED: R-1
- ✓ 32) RANKIN, MARY TRUST
5 DOUBLE SPRINGS RD
FARMINGTON, AR 72730
PARCEL #760-02661-000
ZONED: R-1

AFFIDAVIT OF PUBLICATION

I, Karen Caler, solemnly swear that I am the Legal Advertising Clerk for the Northwest Arkansas Newspapers, LLC, and I do solemnly swear that the attached advertisement

CITY OF FARMINGTON
PH/ Parcel 760-1377-011

was published in the following weekly paper(s):

 x Washington County Enterprise Leader

Of general and bona fide circulation in Washington County, Arkansas

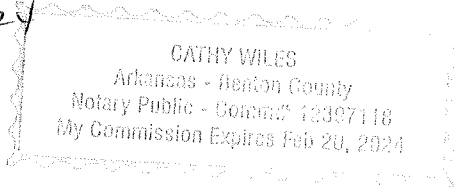
Date(s) of Publication February 8, 2017

Publication Charges: \$74.00

Karen Caler
Karen Caler

Subscribed and sworn to before me
This 15 day of Feb, 2017.

Cathy Wiles
Notary Public
My Commission Expires: 2/20/2024



****NOTE****

Please do not pay from Affidavit.
Invoice will be sent.

NOTICE OF PUBLIC HEARING
An application for the Farmington Public Works Building at the property described below has been filed with the City of Farmington on January 24, 2017.
Parcel 760-1377-011:
A PART OF THE NORTHWEST QUARTER OF THE SOUTHEAST QUARTER AND A PART OF THE SOUTHWEST QUARTER OF THE SOUTHEAST QUARTER OF SECTION 23, TOWNSHIP 16 NORTH, RANGE 31 WEST, WASHINGTON COUNTY, ARKANSAS, BEING PARTICULARLY DESCRIBED AS FOLLOWS, TO-WIT: COMMENCING AT THE NORTHEAST CORNER OF SAID NORTHWEST QUARTER OF THE SOUTHEAST QUARTER AND RUNNING THENCE S02°27'38"W 153.05', THENCE N87°32'17"W 111.25', THENCE S02°27'38"W 280.00' TO AN EXISTING REBAR MARKING THE TRUE POINT OF BEGINNING AND RUNNING THENCE S02°27'38"W 19.88' TO AN EXISTING CONCRETE MONUMENT, THENCE S87°32'26"E 78.97', THENCE S01°49'22"W 801.01', THENCE N87°47'25"W 23.17', THENCE ALONG A CURVE TO THE LEFT HAVING A RADIUS OF 189.19' FOR A CHORD BEARING AND DISTANCE OF S67°05'15"W 139.44' TO AN EXISTING NAIL, THENCE S48°57'35"W 505.39', THENCE ALONG A CURVE TO THE RIGHT HAVING A RADIUS OF 252.75' FOR A CHORD BEARING AND DISTANCE OF S56°01'07"W 63.40', THENCE N02°13'29"E 589.31' TO AN EXISTING CONCRETE MONUMENT, THENCE N88°01'34"W 34.93' TO AN EXISTING CONCRETE MONUMENT, THENCE N02°11'40"E 675.00', THENCE S87°47'13"E 519.37' TO THE POINT OF BEGINNING, CONTAINING 13.69 ACRES, MORE OR LESS. SUBJECT TO ALL EASEMENTS AND RIGHTS-OF-WAY OF RECORD.
Layman's Description:
13.69 Acres, located on West side of North Broyles Street, Farmington, Arkansas 72730, North of Creekside Park and South/East of Meadowlark Subdivision.
The Applicant requests a 9,088 sq. ft. building and associated parking lot and paving.
A public meeting to consider this request for a Farmington Public Works Building at the above described property will be held on February 27, 2017 at 6:00 p.m. at Farmington City Hall, 354 W. Main, Farmington, Arkansas. All interested persons are invited to attend.
74012100 Feb 8, 2017

7009 2820 0004 4066 7757

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

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

OFFICIAL USE

Postage	\$	Postmark Here 2-3-16
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

Sent To
 Straus, Brooke or James; Williamson, Michael
 Street, Apt. No.,
 or PO Box No. 6526 W. Coat Bridge
 City, State, ZIP+4 Rogers, Ar 72758

PS Form 3800, August 2006 See Reverse for Instructions

7009 2820 0004 4066 7733

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

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

OFFICIAL USE

Postage	\$	Postmark Here 2-3-16
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

Sent To
 Ward, Barry
 Street, Apt. No.,
 or PO Box No. 47 E. Rob St.
 City, State, ZIP+4 Farmington, Ar 72730

PS Form 3800, August 2006 See Reverse for Instructions

7009 2820 0004 4066 7719

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

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

OFFICIAL USE

Postage	\$	Postmark Here 2-3-16
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

Sent To
 Standridge, Cody or Amanda
 Street, Apt. No.,
 or PO Box No. 90 N. Sable
 City, State, ZIP+4 Farmington, Ar 72730

PS Form 3800, August 2006 See Reverse for Instructions

7009 2820 0004 4066 7764

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

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

OFFICIAL USE

Postage	\$	Postmark Here 2-3-16
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

Sent To
 John Christopher or Toni
 Street, Apt. No.,
 or PO Box No. 67 E. Rob
 City, State, ZIP+4 Farmington, Ar 72730

PS Form 3800, August 2006 See Reverse for Instructions

7009 2820 0004 4066 7740

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

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

OFFICIAL USE

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

Sent To
 Pierson, Melinda
 Street, Apt. No.,
 or PO Box No. 98 N. Sable
 City, State, ZIP+4 Farmington, Ar 72730

PS Form 3800, August 2006 See Reverse for Instructions

7009 2820 0004 4066 7726

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

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

OFFICIAL USE

Postage	\$	Postmark Here 2-3-16
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

Sent To
 Lensor, Andrew or Amber
 Street, Apt. No.,
 or PO Box No. 55 E. Rob
 City, State, ZIP+4 Farmington, Ar 72730

PS Form 3800, August 2006 See Reverse for Instructions

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

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

OFFICIAL USE

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark
Here

2-3-16

Sent To
 Street, Apt. No.,
 or PO Box No. McCullah Gary or Bates, Clare
P.O. Box 725
 City, State, ZIP+4
Farmington Ar 72730
 PS Form 3800, August 2006 See Reverse for Instructions

7009 2820 0004 4066 7696

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

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

OFFICIAL USE

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark
Here

2-3-16

Sent To
 Street, Apt. No.,
 or PO Box No. Fruehlt, Devis
74 N. Sable
 City, State, ZIP+4
Farmington, Ar 72730
 PS Form 3800, August 2006 See Reverse for Instructions

7009 2820 0004 4066 7702

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

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

OFFICIAL USE

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark
Here

2-3-16

Sent To
 Street, Apt. No.,
 or PO Box No. Walker John
878 N. Fritz
 City, State, ZIP+4
Fayetteville Ar 72701
 PS Form 3800, August 2006 See Reverse for Instructions

7009 2820 0004 4066 7672

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

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

OFFICIAL USE

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark
Here

2-3-16

Sent To
 Street, Apt. No.,
 or PO Box No. Highview Rentals LLC
P.O. Box 1496
 City, State, ZIP+4
Farmington Ar 72730
 PS Form 3800, August 2006 See Reverse for Instructions

7009 2820 0004 4066 7689

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

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

OFFICIAL USE

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark
Here

2-3-16

Sent To
 Street, Apt. No.,
 or PO Box No. Kosglaw Kristen
1295 48th Ave
 City, State, ZIP+4
San Francisco CA 94122
 PS Form 3800, August 2006 See Reverse for Instructions

7009 2820 0004 4066 7658

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

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

OFFICIAL USE

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark
Here

2-3-16

Sent To
 Street, Apt. No.,
 or PO Box No. Attridge, Jon
87 E. Rob
 City, State, ZIP+4
Farmington, Ar 72730
 PS Form 3800, August 2006 See Reverse for Instructions

7009 2820 0004 4066 7665

7009 2820 0004 4066 7641

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

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

OFFICIAL USE

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark Here
2-3-16

Sent To Rankin, Mary Trust
 Street, Apt. No., or PO Box No. 5 Double Springs
 City, State, ZIP+4 Farmington, Ar 72730
 PS Form 3800, August 2006 See Reverse for Instructions

7009 2820 0004 4066 7610

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

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

OFFICIAL USE

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark Here
2-3-16

Sent To Chance Stephen or LaRuth
 Street, Apt. No., or PO Box No. 4832 W. Ashland
 City, State, ZIP+4 Visalia, CA 93277
 PS Form 3800, August 2006 See Reverse for Instructions

7009 2820 0004 4066 7634

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

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

OFFICIAL USE

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark Here
2-3-16

Sent To Gordon Nicklaus or Brittny Boogs
 Street, Apt. No., or PO Box No. 19 E Rob
 City, State, ZIP+4 Farmington, Ar 72730
 PS Form 3800, August 2006 See Reverse for Instructions

7009 2820 0004 4066 7627

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

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

OFFICIAL USE

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark Here
2-3-16

Sent To West, Richard or Danita
 Street, Apt. No., or PO Box No. 116 military
 City, State, ZIP+4 Marion, Ar 72364
 PS Form 3800, August 2006 See Reverse for Instructions

7009 2820 0004 4066 7597

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

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

OFFICIAL USE

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark Here
2-3-16

Sent To Mace William
 Street, Apt. No., or PO Box No. 73 E. Rob
 City, State, ZIP+4 Farmington, Ar 72730
 PS Form 3800, August 2006 See Reverse for Instructions

7009 2820 0004 4066 7603

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

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

OFFICIAL USE

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark Here
2-3-16

Sent To Chambers, Susan
 Street, Apt. No., or PO Box No. 42 E. Marvel
 City, State, ZIP+4 Farmington, Ar 72730
 PS Form 3800, August 2006 See Reverse for Instructions

7009 2820 0004 4066 7580

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
 For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

2-3-16
Postmark Here

Sent To Viney, Miranda
 Street, Apt. No., or PO Box No. 45 E. Saxony
 City, State, ZIP+4 Farmington, Ar 72730
 PS Form 3800, August 2006 See Reverse for Instructions

7009 2820 0004 4066 7573

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
 For delivery information visit our website at www.usps.com

OFFICIAL USE

<input type="checkbox"/> Postage	\$
<input type="checkbox"/> Certified Fee	
<input checked="" type="checkbox"/> Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

2-3-16
Postmark Here

Sent To Jarrett, Michael + Anna Marie
 Street, Apt. No., or PO Box No. 86 N. Sable St
 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.
- 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:

Pierson, melinda
98 N. Sable
Farmington, Ar 72730



9590 9402 1770 6074 8523 68

2. Article Number (Transfer from service label)

7009 2820 0004 4066 7740

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Melinda Pierson*

- Agent
- Addressee

B. Received by (Printed Name)

Melinda Pierson

C. Date of Delivery

2-10-17

D. Is delivery address different from item 1? Yes

If YES, enter delivery address below: No

3. Service Type

- Adult Signature
- Adult Signature Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- Collect on Delivery Restricted Delivery
- Mail Restricted Delivery

- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Return Receipt for Merchandise
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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:

Mace, William
73 E. Rob
Farmington, Ar 72730



9590 9402 1770 6074 8522 21

2. Article Number (Transfer from service label)

7009 2820 0004 4066 7597

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *William W. Mace*

- Agent
- Addressee

B. Received by (Printed Name)

William W. Mace

C. Date of Delivery

02/11/17

D. Is delivery address different from item 1? Yes

If YES, enter delivery address below: No

3. Service Type

- Adult Signature
- Adult Signature Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- Collect on Delivery Restricted Delivery
- Mail Restricted Delivery

- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Return Receipt for Merchandise
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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:

Aldridge, Jon
87 E. Rob St.
Farmington, Ar 72730



9590 9402 1770 6074 8522 83

2. Article Number (Transfer from service label)

7009 2820 0004 4066 7665

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Judy Aldridge*

- Agent
- Addressee

B. Received by (Printed Name)

87 E Rob St

C. Date of Delivery

2/6/17

D. Is delivery address different from item 1? Yes

If YES, enter delivery address below: No


Judy Aldridge

3. Service Type

- Adult Signature
- Adult Signature Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- Collect on Delivery Restricted Delivery
- Mail Restricted Delivery


- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Return Receipt for Merchandise
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. 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. 	<p>A. Signature <input checked="" type="checkbox"/> <i>Devis Fruchth</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>DFRUCHTH</i> C. Date of Delivery <i>2-6-17</i></p>
<p>1. Article Addressed to: <i>Fruchth, Devis 74 N. Sable Farmington, AR 72730</i></p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
 9590 9402 1770 6074 8523 20	<p>3. Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery</p> <p><input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>
<p>2. Article Number (Transfer from service label) 7009 2820 0004 4066 7702</p>	<p>Restricted Delivery</p>


PS Form 3811, July 2015 PSN 7530-02-000-9053

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. 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. 	<p>A. Signature <input checked="" type="checkbox"/> <i>Gary McCullah</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Gary McCullah</i> C. Date of Delivery <i>2-6-17</i></p>
<p>1. Article Addressed to: <i>McCullah, Gary or Bates, Clare P.O. BX 725 Farmington, AR 72730</i></p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
 9590 9402 1770 6074 8523 13	<p>3. Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery</p> <p><input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>
<p>2. Article Number (Transfer from service label) 7009 2820 0004 4066 7696</p>	<p>Restricted Delivery</p>

PS Form 3811, July 2015 PSN 7530-02-000-9053

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. 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. 	<p>A. Signature <input checked="" type="checkbox"/> <i>Condale Frymire</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Condale Frymire</i> C. Date of Delivery <i>2-6-17</i></p>
<p>1. Article Addressed to: <i>Highview Rentals, LLC P.O. BX 1496 Farmington, AR 72730</i></p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
 9590 9402 1770 6074 8523 06	<p>3. Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery</p> <p><input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>
<p>2. Article Number (Transfer from service label) 7009 2820 0004 4066 7689</p>	<p>Restricted Delivery</p>

PS Form 3811, July 2015 PSN 7530-02-000-9053

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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:
 Standridge, Cody or Amanda
 90 N. Sable
 Farmington, Ar 72730



9590 9402 1770 6074 8523 37

2. Article Number (Transfer from service label)
 7009 2820 0004 4066 7719

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Agent
 Addressee

B. Received by (Printed Name)
 Cody Standridge

C. Date of Delivery
 2/11/17

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

3. Service Type
- Adult Signature
 - Adult Signature Restricted Delivery
 - Certified Mail®
 - Certified Mail Restricted Delivery
 - Collect on Delivery
 - Collect on Delivery Restricted Delivery
 - Insured Mail
 - Registered Mail™
 - Registered Mail Restricted Delivery
 - Return Receipt for Merchandise
 - Signature Confirmation™
 - Signature Confirmation Restricted Delivery
 - Priority Mail Express®

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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:
 Ward, Barry
 47 E. Rob St.
 Farmington, Ar 72730



9590 9402 1770 6074 8523 51

2. Article Number (Transfer from service label)
 7009 2820 0004 4066 7733

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Agent
 Addressee

B. Received by (Printed Name)
 BARRY WARD

C. Date of Delivery
 02/07/17

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

3. Service Type
- Adult Signature
 - Adult Signature Restricted Delivery
 - Certified Mail®
 - Certified Mail Restricted Delivery
 - Collect on Delivery
 - Collect on Delivery Restricted Delivery
 - Registered Mail™
 - Registered Mail Restricted Delivery
 - Return Receipt for Merchandise
 - Signature Confirmation™
 - Signature Confirmation Restricted Delivery
 - Priority Mail Express®

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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:
 Jarrett, Michael or Anna Marie
 86 N. Sable
 Farmington, Ar 72730



9590 9402 1770 6074 8522 45

2. Article Number (Transfer from service label)
 7009 2820 0004 4066 7573

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Agent
 Addressee

B. Received by (Printed Name)
 Anna Marie Jarrett

C. Date of Delivery
 2/7/17

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

3. Service Type
- Adult Signature
 - Adult Signature Restricted Delivery
 - Certified Mail®
 - Certified Mail Restricted Delivery
 - Collect on Delivery
 - Collect on Delivery Restricted Delivery
 - Registered Mail™
 - Registered Mail Restricted Delivery
 - Return Receipt for Merchandise
 - Signature Confirmation™
 - Signature Confirmation Restricted Delivery
 - Priority Mail Express®

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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:
 Lenser, Andrew or Amber
 55 E. Rob St.
 Farmington, Ar 72730



2. Article Number (Transfer from service label)

7009 2820 0004 4066 7726

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Agent
 Addressee
Amber Lenser

B. Received by (Printed Name)
 Amber Lenser

C. Date of Delivery
 2/7/17

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

3. Service Type
- Adult Signature
 - Adult Signature Restricted Delivery
 - Certified Mail®
 - Certified Mail Restricted Delivery
 - Collect on Delivery
 - Collect on Delivery Restricted Delivery
 - Priority Mail Express®
 - Registered Mail™
 - Registered Mail Restricted Delivery
 - Return Receipt for Merchandise
 - Signature Confirmation™
 - Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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:
 Chance, Stephen or LaRuh
 483a W. Ashland Ave.
 Visalia, CA. 93277



2. Article Number (Transfer from service label)

7009 2820 0004 4066 7610

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Agent
 Addressee
Stephen Chance

B. Received by (Printed Name)
 Stephen Chance

C. Date of Delivery
 2-6-2017

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

3. Service Type
- Adult Signature
 - Adult Signature Restricted Delivery
 - Certified Mail®
 - Certified Mail Restricted Delivery
 - Collect on Delivery
 - Collect on Delivery Restricted Delivery
 - Priority Mail Express®
 - Registered Mail™
 - Registered Mail Restricted Delivery
 - Return Receipt for Merchandise
 - Signature Confirmation™
 - Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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:
 Rankin, Mary Trust
 5 Double Springs Rd
 Farmington, Ar 72730



2. Article Number (Transfer from service label)

7009 2820 0004 4066 7641

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Agent
 Addressee
Mary Rankin

B. Received by (Printed Name)
 MARY RANKIN

C. Date of Delivery
 2/6/17

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

105 Double Springs Rd.
 Farmington, Ar. 72730

3. Service Type
- Adult Signature
 - Adult Signature Restricted Delivery
 - Certified Mail®
 - Certified Mail Restricted Delivery
 - Collect on Delivery
 - Collect on Delivery Restricted Delivery
 - Priority Mail Express®
 - Registered Mail™
 - Registered Mail Restricted Delivery
 - Return Receipt for Merchandise
 - Signature Confirmation™
 - Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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:

Shaw, Brooke or James
Williamson, Michael
6526 W. Coat Bridge
Rogers, Ar. 72758



9590 9402 1770 6074 8523 75

2. Article Number (Transfer from service label)

7009 2820 0004 4066 7757

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Brooke Shaw Agent
 Addressee

B. Received by (Printed Name)

B. Shaw

C. Date of Delivery

2-6

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

3. Service Type

- Adult Signature
- Adult Signature Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- Collect on Delivery Restricted Delivery
- Insured Mail
- Mail Restricted Delivery
- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Return Receipt for Merchandise
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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:

West, Richard or Danita
116 Military
marion, Ar 72364



9590 9402 1770 6074 8521 91

2. Article Number (Transfer from service label)

7009 2820 0004 401

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

R. Phaneck Agent
 Addressee

B. Received by (Printed Name)

R. Phaneck

C. Date of Delivery

2-6-17

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

86 military
MARION, AR
72364

3. Service Type

- Adult Signature
- Adult Signature Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- Collect on Delivery Restricted Delivery
- Restricted Delivery
- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Return Receipt for Merchandise
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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:

Bahn Christopher or Toni
67 E. Rob St.
Farmington, Ar. 72730



9590 9402 1770 6074 8523 82

2. Article Number (Transfer from service label)

7009 2820 0004 4066 7764

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

T. Bahn Agent
 Addressee

B. Received by (Printed Name)

T. Bahn

C. Date of Delivery

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

3. Service Type

- Adult Signature
- Adult Signature Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- Collect on Delivery Restricted Delivery
- Restricted Delivery
- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Return Receipt for Merchandise
- Signature Confirmation™
- Signature Confirmation Restricted Delivery


Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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:

Chambers, Susan
42 E. Marvel
Farmington, Ar 72730

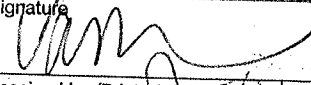


9590 9402 1770 6074 8522 14

2. Article Number (Transfer from service label)

7009 2820 0004 4066 7603

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X 

Agent
 Addressee

B. Received by (Printed Name)
Vanessa Smith

C. Date of Delivery

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

3. Service Type

Adult Signature
 Adult Signature Restricted Delivery
 Certified Mail®
 Certified Mail Restricted Delivery
 Collect on Delivery
 Collect on Delivery Restricted Delivery
 Registered Mail
 Registered Mail Restricted Delivery
 Signature Confirmation™
 Signature Confirmation Restricted Delivery

Priority Mail Express®
 Registered Mail™
 Registered Mail Restricted Delivery
 Return Receipt for Merchandise
 Signature Confirmation™
 Signature Confirmation Restricted Delivery


PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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:

Viney, Miranda
45 E Saxony
Farmington, Ar 72730



9590 9402 1770 6074 8522 38

2. Article Number (Transfer from service label)

7009 2820 0004 4066 7580

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X 

Agent
 Addressee

B. Received by (Printed Name)
Miranda Viney

C. Date of Delivery

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

3. Service Type

Adult Signature
 Adult Signature Restricted Delivery
 Certified Mail®
 Certified Mail Restricted Delivery
 Collect on Delivery
 Collect on Delivery Restricted Delivery
 Registered Mail
 Registered Mail Restricted Delivery
 Signature Confirmation™
 Signature Confirmation Restricted Delivery

Priority Mail Express®
 Registered Mail™
 Registered Mail Restricted Delivery
 Return Receipt for Merchandise
 Signature Confirmation™
 Signature Confirmation Restricted Delivery


PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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:

Walker, John
878 N. Fritz
Fayetteville, Ar 72701




9590 9402 1770 6074 8522 76

2. Article Number (Transfer from service label)

7009 2820 0004 4066 7672

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X 

Agent
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

Adult Signature
 Adult Signature Restricted Delivery
 Certified Mail®
 Certified Mail Restricted Delivery
 Collect on Delivery
 Collect on Delivery Restricted Delivery
 Registered Mail
 Registered Mail Restricted Delivery
 Signature Confirmation™
 Signature Confirmation Restricted Delivery

Priority Mail Express®
 Registered Mail™
 Registered Mail Restricted Delivery
 Return Receipt for Merchandise
 Signature Confirmation™
 Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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:

Gordon, Nick Klaus
Brittney Boggs
79 E. Rob St.
Farmington Ar 72730



9590 9402 1770 6074 8522 69

2. Article Number (Transfer from service label)

7009 2820 0004 4066 7634

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Brittney Boggs

Agent

Addressee

B. Received by (Printed Name)

Brittney Boggs

C. Date of Delivery

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

3. Service Type

Adult Signature

Adult Signature Restricted Delivery

Certified Mail®

Certified Mail Restricted Delivery

Collect on Delivery

Collect on Delivery Restricted Delivery

Registered Mail Restricted Delivery

Priority Mail Express®

Registered Mail™

Registered Mail Restricted Delivery

Return Receipt for Merchandise

Signature Confirmation™

Signature Confirmation Restricted Delivery