



**CITY OF BRANSON**  
**PLANNING & DEVELOPMENT**  
 110 W MADDUX ST, SUITE 215  
 PHONE: (417) 337-8535  
 FAX: (417) 334-2391

FOR OFFICE USE ONLY:	
FEE & CODE: <b>\$100.00</b>	ADMI
DATE & INITIALS: _____	
PAYMENT TYPE: <input type="checkbox"/> CASH Receipt # _____	
<input type="checkbox"/> CHECK # _____	
<input type="checkbox"/> CREDIT CARD REF # _____	
PUBLIC NOTICE DATE: _____	
PUBLIC HEARING DATE: _____ @ 7:00 PM	

# ADMINISTRATIVE APPEAL APPLICATION

Applicant Name (Please Print): \_\_\_\_\_

Applicant Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_ Email: \_\_\_\_\_

Applicant requests reconsideration of the decision for Project No. \_\_\_\_\_ for the following property legally described herein and located at:

Street Address: \_\_\_\_\_

**REQUIRED INFORMATION TO BE INCLUDED BEFORE APPLICATION WILL BE ACCEPTED**

- Please attach a recent copy of the WARRANTY DEED as well as any Codes, Covenants and/or Restrictions for the subdivision in which the subject property is located.
- Please include a list of neighboring property owners that must include the name and address of all owners within a 200 feet radius from the property lines of the subject property.

Purpose or reason for reconsideration request: \_\_\_\_\_

Restrictions: (Note: zoning WILL NOT supersede deed restriction(s), if any.)

- No deed restrictions
- A list of restrictions have been attached.

**PROPERTY OWNER/AGENT INFORMATION**

Owner's Name (Please Print): \_\_\_\_\_

Owner's Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_ Email: \_\_\_\_\_

Owner's Signature: \_\_\_\_\_

Agent's Name (Please Print): \_\_\_\_\_

Agent's Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_ Email: \_\_\_\_\_

Agent's Signature: \_\_\_\_\_



