



**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:	\$5.00 + .25¢ per lot = _____ AFSP
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:	_____ @ 7:30 PM

# AMENDED FINAL SUBDIVISION PLAT APPLICATION

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

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

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

**Applicant Request:** \_\_\_\_\_

**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**
- Please include a list of neighboring property owners that must include the name and address of all owners within a 200 foot radius from the property lines of the subject property.

**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:** \_\_\_\_\_



