



**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>\$0.00</b>	APSP
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 PRELIMINARY SUBDIVISION PLAT APPLICATION

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

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

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

Applicant requests that the preliminary subdivision plat submitted with this application be approved as required by Chapter 66 of the Branson Municipal Code for the following legally described property:

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

Subdivision Name: \_\_\_\_\_

**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.
- Please include five (5) paper copies, including a vicinity sketch, of the proposed subdivision.

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: \_\_\_\_\_



