



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: \$0.00	PRPL
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

PRELIMINARY SUBDIVISION REPLAT 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: _____

