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 SPEC

DATE & INITIALS: _____

PAYMENT TYPE: □ CASH Receipt #_____

□ CHECK #_____

□ CREDIT CARD REF #_____

PUBLIC NOTICE DATE: _____

PUBLIC HEARING DATE: _____ @ 7:00 PM

SPECIAL ORDINANCE APPLICATION

Applicant Name (Please Print)**:** _____

Applicant Address: _____

Phone Number: _____ **Fax Number:** _____ **Email:** _____

Applicant requests a Special Ordinance for the following property legally described herein and located at:

Street Address: _____

REQUIRED INFORMATION TO BE INCLUDED BEFORE APPLICATION WILL BE ACCEPTED

X **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.**

X **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 the 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: _____

ACKNOWLEDGMENT OF PROPERTY OWNER

STATE OF _____)
) SS.
COUNTY OF _____)

On this ____ day of _____, 20____, before me personally appeared _____, to me known to be the person described in and who executed the foregoing application, and acknowledged that he/she executed the same as his/her free act and deed.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my official seal at my office in _____, _____ the day and year first above written.

/s/_____
Notary Public

My term expires _____