

SPECIAL USE APPLICATION

110 W. Maddux St., Ste. 215, Branson, MO 65616
417-337-8549/Fax 417-334-2391

Office Use Only
SUPA
Date Applied

Property Information

911 Property Address _____

Property Owner _____ Owner is applicant

Contact Name _____ Email _____

Mailing Address _____ Phone _____

Agent Information (if different from property owner)

Name _____ Email _____

Mailing Address _____ Phone _____

Additional Required Information

- Check box below that corresponds with your request.
 - New Special Use Permit (\$1,014)
 - Amend existing Special Use Permit (\$1,014)
- Project name: _____
- Requested use: _____
- Attach any relevant information such as a written description, site plans, graphics, photos and other documentation.
- Attach a recent copy of the **WARRANTY DEED/DEED OF TRUST** and check the appropriate box below:
 - No deed restrictions
 - A list of **DEED RESTRICTIONS** have been attached to application.

In signing this application, the applicant acknowledges all information provided is complete and accurate. The applicant

Property Owner / Agent Acknowledgement

also agrees to abide by the regulations of the Branson Municipal Code.

Property Owner Original Signature Print Name Date

Agent Original Signature Print Name Date

OFFICE USE ONLY					
✓	Description	Comments	✓	Description	Comments
	Warranty Deed/Deed of Trust			Public notice date	
				Public hearing date	
				Additional fees paid	
				Staff Initials	

City of Branson
Special Use Application

Office Use Only
SUPA

Property address: _____

STATE OF _____)
) SS.
COUNTY OF _____)

On this ____ day of _____, 20____, before me personally appeared _____,
to me known to be the property owner 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: _____