



**CITY OF BRANSON  
PLANNING & DEVELOPMENT  
110 W MADDUX ST, SUITE 215  
PHONE: (417) 337-8535  
FAX: (417) 334-2391**

FOR OFFICE USE ONLY: Project No. _____
DATE & INITIALS: _____
PAYMENT TYPE: <input type="checkbox"/> CASH Receipt # _____
<input type="checkbox"/> CHECK # _____
<input type="checkbox"/> CREDIT CARD REF # _____
PUBLIC NOTICE DATE: _____
<b><u>TOTAL DUE PRIOR TO HEARING DATE</u></b>
PUBLIC HEARING DATE: _____ @ 7:30 PM

# ZONING APPLICATION

Zoning Change (REZO) \$760     Zoning Request (ZONI) \$631

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

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

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

**Zoning Request Only**

Applicant requests zoning district \_\_\_\_ for property described herein and located at:

**Zoning Change Only**

Applicant requests zoning change from district \_\_\_\_ to district \_\_\_\_ for property described herein and located at:

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

**REQUIRED INFORMATION TO BE INCLUDED BEFORE APPLICATION WILL BE ACCEPTED**

Recent copy of the WARRANTY DEED/DEED OF TRUST

**Purpose or reason for zoning request:** \_\_\_\_\_

**Current use of 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**

Cost associated with legal advertisement and neighbor notices shall be reimbursed to the City of Branson before an item can be considered at the Planning and Zoning meeting. Payment is due no later than one week prior to the scheduled meeting. If payment has not been received, the item may be withdrawn.

**Owner's Name** (Please Print): \_\_\_\_\_

**Owner's Address:** \_\_\_\_\_

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

**Owner's Signature:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_

**Agent's Name** (Please Print): \_\_\_\_\_

**Agent's Address:** \_\_\_\_\_

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

**Agent's Signature:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_





## Planning & Zoning Commission / Board of Adjustment Application Notes

**The applicant and/or representative MUST attend the meeting or the request will be postponed to the next regularly scheduled meeting.**

- \* A meeting schedule, which includes application submittal deadline dates, is posted on the Planning & Development Department homepage at [www.bransonmo.gov](http://www.bransonmo.gov) or available upon request. No applications will be accepted if incomplete or submitted after deadline date.
- \* The “applicant” is the person or persons making the request of the Commission.
- \* The “owner” is the owner of the subject property.
- \* The “agent” is anyone representing the applicant and/or owner.
- \* The owner’s signature must be an **original** signature, not a photocopy or fax.
- \* The legal description must be either a lot, block and subdivision description or a complete metes and bounds description.
- \* For proof of ownership, attach a copy of the owner’s WARRANTY DEED or DEED OF TRUST. QUIT CLAIM DEEDS are not acceptable.
- \* Site plans as requested must be accurate and to scale.
- \* All building and structures must meet city adopted building codes and regulations. Please contact the Building Division, (417) 337-8547, for specifics.
- \* Copies of the staff report and proposed resolution concerning your request will be available for pick up in the Planning Division office three (3) working days prior to the meeting.

The Planning Division, (417) 337-8544, will be glad to answer any questions you may have or put you in touch with other necessary City departments.