CITY OF BRANSON
110 W. MADDUX, STE 215
BRANSON, MO 65616
417-337-8549
FAX: 417-334-2391

CITY OF BRANSON
BOARDING PERMIT APPLICATION

PERMIT NUMBER:_____

DATE RECEIVED:_____

PROJECT ADDRESS:			
TYPE OF BOARDING: ☐ Door(s) ☐ Window(s)		**TYPE OF STRUCTURE:** ☐ Residential ☐ Commercial	
APPLICANT NAME:		**ADDRESS:**	
PHONE:	**CELL:**	**FAX:**	**EMAIL:**
OWNER:		**ADDRESS:**	
PHONE:	**CELL:**	**FAX:**	**EMAIL:**
CONTRACTOR:		**ADDRESS:**	
PHONE:	**CELL:**	**FAX:**	**EMAIL:**

I hereby certify that I am the owner or duly authorized owner's agent, that I have read this application and that all information provided is correct. I further certify that I have read, understand and will comply with all provisions outlined herein and as provided to me.

APPLICANT NAME:	**SIGNATURE:**	**DATE:**

PROVISIONS: The issuance of this permit shall not be construed to release the owner or owner's agent from the obligation to comply with the provisions of all laws and ordinances, including federal, state and local jurisdictions which regulate construction and performance of construction. This permit becomes null and void if the work authorized is not completed within 30 days from date of issue or if at any time prior to the final inspection and approval the work is suspended or abandoned for more than 30 days.

IT IS IMPORTANT TO CALL FOR INSPECTION AT LEAST 24 HOURS IN ADVANCE: 417-337-8505

REVIEWED AND ISSUED BY:	**DATE ISSUED:**