

ZONING APPLICATION

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

Office Use Only
REZO
ZONI
Date Applied

Property Information							
91	1 Property Address						
Pr	Property Owner Owner is applicant						
Contact Name				Email			
				Pho	ne		
	Agent Information (if different from property owner)						
N	Name Email						
Μ	ailing Address			Phone			
Ac	lditional Required Informat	ion					
	Check box below that corresponds with your request.						
	Zoning Change (\$760): Current zoning district requested change						
	Zoning Request (\$63	31): Requested zoning district	;	·			
• Current use of property:							
	, , , , , , , , , , , , , , , , , , , ,						
•	Proposed use of property o						
•	Attack a moont convert the			FRIST and check the appro			
•		e WARRANTY DEED/DEED	Ur i	RUST and check the appro	priate box below:		
	No deed restrictions						
	A list of DEED REST	RICTIONS have been attache	ed to	application.			
Property Owner / Agent Acknowledgement							
	''	• •			te and accurate. The applicant		
als	so agrees to abide by the re	egulations of the Branson Mu	nicip	oal Code.			
Property Owner Original Signature Print Name Date					Date		
Α	gent Original Signature	Print Name			Date		
		OFFICE	E USE	ONLY			
✓	Description	Comments	✓	Description	Comments		
	Warranty Deed/Deed of Trust			Public notice date			
	Deed Restrictions			Public hearing date			
				Additional fees paid			
		İ	l l	Staff Initials			

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City of Branson

Zoning Application

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: