

City of Branson

APPLICATION FOR CONSTRUCTION PERMIT

Project Name		Project 911 Address		
Owner		Phone	Brief description of work:	
		Cell		
Mailing address		Email		
City of Branson licensed contractor		Phone	Estimated construction value of project:	
		Cell		
Mailing address		Email		
Missouri registered architect/engineer		Phone	Original signature of applicant I hereby certify I am the owner or duly authorized owner's agent, I have read this application and all information is correct. I further certify I have read, understand, and will comply with all the provisions outlined hereon. I also certify the plot plan submitted is a complete and accurate plan showing any and all existing and proposed structures on the subject property. PROVISIONS: The issuance of a permit shall not be construed to release the owner or owner's agents 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. A permit will become null and void if the construction work authorized has not begun within 180 days from the date of issuance or if work is suspended or abandoned for 180 days prior to the final inspection.	
		Cell		
Mailing address		Email		
<input type="checkbox"/> Residential project: Will it be a rental property? <input type="checkbox"/> No <input type="checkbox"/> Yes → <input type="checkbox"/> Nightly <input type="checkbox"/> Monthly				
<input type="checkbox"/> Commercial project: Requires 2 wetseal drawings, 5 copies by a Missouri registered design professional, and the information filled in below:				
Square feet	# of seats	# of rooms	Occupancy load	# of employees
Code cycle year	Hazard type	Construction type	Use group	Sprinkler system
<input type="checkbox"/> New construction <input type="checkbox"/> Existing structure If project is related to existing structure, check all applicable boxes below: <input type="checkbox"/> Repair <input type="checkbox"/> Alteration <input type="checkbox"/> Addition <input type="checkbox"/> Solar panel <input type="checkbox"/> Mechanical only <input type="checkbox"/> Plumbing only <input type="checkbox"/> Electrical only <input type="checkbox"/> Re-Roof <input type="checkbox"/> Deck <input type="checkbox"/> New electrical service				
If you checked either of the 3 boxes to the left, please complete and attach a Re-Roof, Deck, or New electrical service installation worksheet				
Is the property in a floodplain? <input type="checkbox"/> Yes → <input type="checkbox"/> No If you checked Yes , please complete and attach a Floodplain Development Application Form				

Office Use Only
Permit number
Date applied
Fees due
Project type category
of sets of plans submitted
<input type="checkbox"/> Plans in file <input type="checkbox"/> Rolled plans
Other documents submitted
<input type="checkbox"/> Roof/deck <input type="checkbox"/> Electrical Service <input type="checkbox"/> Structural Eng. report <input type="checkbox"/> Floodplain dev. app.

This Section For Office Use Only	
Application reviewed and approved by:	Date
Building	
Engineering/Public Works	
Fire	
Health	
Landscaping/Planning	
Utilities	