



BOARD OF APPEALS APPLICATION

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

Office Use Only
APL
Date Applied

Property Information

911 Property Address _____ **Permit #** _____

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 (\$105):
 - The code was incorrectly interpreted
 - The provisions of the code do not fully apply
 - An equally good or better form of construction exists
- What code sections affected by this request: _____
- Describe in detail the reason for the request. Attach an additional sheet of paper if necessary. _____

- Attach a copy of the **INSPECTION SHEET AND/OR DOCUMENT THAT WAS DENIED.**

Property Owner / Agent Acknowledgement

In signing this application, the applicant acknowledges all information provided is complete and accurate. The applicant 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
	Inspection sheet			Public notice date	
	Denial document			Public hearing date	
				Staff Initials	