



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

911 Property Address _____

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.
 - Zoning Change (\$765): Current zoning district _____ requested change _____.
 - Zoning Request (\$636): Requested zoning district _____.
- Current use of property: _____
- Proposed use of property or reason for zoning request: _____
- Attach a recent copy of the **WARRANTY DEED/DEED OF TRUST** and check the appropriate box below:
 - No deed restrictions
 - A list of **DEED RESTRICTIONS** have been attached to application.

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
	Warranty Deed/Deed of Trust			Public notice date	
	Deed Restrictions			Public hearing date	
				Additional fees paid	
				Staff Initials	

