



# SUBDIVISION APPLICATION

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

Office Use Only
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.
 

<input type="checkbox"/> Preliminary Subdivision PPLT (\$605)	<input type="checkbox"/> Preliminary Subdivision Replat PRPL (\$836)	<input type="checkbox"/> Minor Subdivision MIRE (\$170)
<input type="checkbox"/> Final Subdivision FPLT (\$836)	<input type="checkbox"/> Final Subdivision Replat FRPL (\$836)	<input type="checkbox"/> Condominium Split COND (\$170)
- Subdivision/Condominium name: \_\_\_\_\_
- Attach **SUBDIVISION PLAT**:
  - Three (3) copies of the proposed Condominium Split or Minor Subdivision
  - Six (6) copies for all standard subdivisions
- 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	
	Copies of subdivision plat			Additional fees paid	
				Staff Initials	

