



# 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 (\$100):
  - 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	