



Case No. _____
 Application Date _____
 Application Fee None

City of Branson West, Missouri

**APPLICATION
 SKETCH PLAN FOR
 MAJOR SUBDIVISION**

We, the undersigned, request the City of Branson West, Missouri Planning and Zoning Commission to approve the sketch plan for the proposed major subdivision as described in the attachment to this application, and attest to the truth and correctness of all facts and information for the proposed subdivision presented in this application.

General Description of Property Location: _____

Property Owner's Name _____

If corporation, Corporate Official: _____

Mailing Address _____

Telephone Number _____ Fax Number _____

PROPERTY OWNER'S SIGNATURE(S):

 (If corporation, signature of corporation official)

Applicant's Name, if different than property owner: _____

If corporation, Corporate Official: _____

Mailing Address _____

Telephone Number _____ Fax Number _____

APPLICANT'S SIGNATURE:

 (If corporation, signature of corporation official)

**CHECKLIST
SKETCH PLAN FOR MAJOR SUBDIVISION
City of Branson West, Missouri**

This checklist is provided to help you make sure that you submit everything that is required for a completed sketch plan for a major subdivision. The application must be complete and all items listed on the checklist must accompany the application or this case will not be processed. The application must be submitted no later than 4:30 p.m. to the Branson West City Hall, 15 working days prior to the Planning and Zoning Commission meeting at which the sketch plan will be considered. Contact the City Clerk at the telephone number below for filing deadlines and meeting dates.

PRE-APPLICATION CONFERENCE:	
	Although not required, the applicant is encouraged to discuss the proposed subdivision with City staff prior to submitting the sketch plan. City staff may inform the applicant of any particular concerns that should be addressed in the sketch plan.
APPLICATION FORM:	
	General description of property location.
	Property owner's name, address, and telephone number. If a corporation, corporate official and corporate seal.
	Application signed by property owner, or if applicable, corporate official.
	If different than property owner, name, address and telephone number of applicant.
	Application signed by applicant.
SKETCH PLAN:	
	Submit eight (8) copies of a sketch plan containing the following information. The sketch plan is to be drawn to an approximate scale of 1" = 100'.
	A. Name and address of the property owner/developer.
	B. General dimensions and configuration of the tract, including property lines and other principle features on the tract and on immediately adjacent property.
	C. Proposed subdivision name and location by lot, section, township, range or other description.
	D. Approximate north arrow, scale and date of preparation.
	E. Approximate total acreage of the subdivision.
	F. Classification, location, dimensions and names of all existing or recorded streets on and immediately adjacent to the tract, including width of rights-of-way.
	G. The tentative location, width and classification of all proposed streets.
	H. Approximate location and nature of all utility rights-of-way, easements, facilities and structures on and immediately adjacent to the tract.
	I. Approximate location and size of culverts, storm sewers, impoundments or other storm water management facilities on or immediately adjacent to the tract.
	J. Approximately location, dimensions and configuration of all proposed or existing lots.
	K. Unique topographical and physical features. Contours based on USGS data at 10' intervals.
	L. Approximate location and general layout of proposed water, sewer and storm water management systems designed to serve the subdivision.
Note: The Planning and Zoning Commission shall not take action on the sketch plan when the applicant or the applicant's agent does not appear at the Commission meeting to provide evidence regarding the sketch plan for the proposed subdivision.	

Submit Applications to:
Branson West City Hall
110 SilverLady Lane
P.O. Box 2229
Branson West, MO 65737
(417) 272-3313