



SOUTHERN STONE COUNTY FIRE PROTECTION DISTRICT

10965 E. STATE HWY 76
BRANSON WEST, MO 65737
417-272-1510 phone 417-272-1509 fax

APPLICATION FOR OCCUPANCY PERMIT

BUSINESS AND TENANT NAME _____

BUILDING/BUSINESS PHYSICAL ADDRESS _____

MAILING ADDRESS IF DIFFERENT THAN PHYSICAL _____

PROPOSED USE _____ PRIOR USE _____

EMAIL ADDRESS _____

BUILDING OWNERS NAME _____

BUILDING OWNER ADDRESS _____

BUILDING OWNER PHONE NO. _____

EMERGENCY CONTACT ① (NAME/NO) EMERGENCY CONTACT ② (NAME/NO) EMERGENCY CONTACT ③ (NAME/NO)

MUNICIPALITY BRANSON WEST KIMBERLING CITY REEDS SPRING COUNTY ONLY

ARE YOU MOVING FROM ANOTHER LOCATION IN THE SOUTHERN STONE CO FIRE DISTRICT? YES _____ NO _____

IF YES, PREVIOUS ADDRESS: _____

BREAKDOWN OF SQUARE FEET	NUMBER OF EMPLOYEES	SPRINKLERED
SQ FT OF TENANT SPACE _____	_____	YES _____ NO _____
SQ FT OF BLDG SPACE _____	_____	YES _____ NO _____

TYPE OF BUSINESS OPERATION (Please describe in depth). *EXAMPLE:* If the building is to be used for sales operation, will it be retail sales or wholesale sales? If you plan to use the building for storage, what type of materials do you intend to store (gasoline, paint, equipment, etc.)? Manufacturers should mention what product will be manufactured and what type of equipment will be used: _____

THE UNDERSIGNED HERewith APPLIES FOR AN OCCUPANCY PERMIT FOR THE ABOVE DESCRIBED PREMISES UNDER THE TERMS OF THE SOUTHERN STONE COUNTY FIRE PROTECTION DISTRICT. THIS APPLICATION IS NOT A PERMIT. THE PREMISES SHALL NOT BE OCCUPIED UNTIL ALL DISCREPANCIES (IF ANY) ARE CORRECTED AND AN OCCUPANCY PERMIT IS ISSUED BY THE SOUTHERN STONE COUNTY FIRE PROTECTION DISTRICT, AND EITHER THE CITIES OF BRANSON WEST, KIMBERLING CITY, OR REEDS SPRING.

Signed this _____ day of _____, 20_____.

Applicant's Signature: _____

Applicant's Name (please print): _____ Title: _____

Applicant's Address: _____

Applicant Telephone No. :(_____) _____ Fax No. :(_____) _____

SEE FEE SCHEDULE

PAYMENT TYPE: CHECK / CASH / CREDIT CARD with use fee

REVISED 01/01/2018

FEE SCHEDULE

Permits for activities, operations, practices or functions for which a Permit to Occupy/Operate shall be issued:

- (a) Annual Fire Safety Occupancy Inspections
 - 1-50 Rated Occupants: \$25.00
 - 51-100 Rated Occupants : \$50.00
 - 101 or more Rated Occupants : \$75.00
 - Non-Profits/Churches: \$25.00
- (b) Exhibits and Trade Shows: \$50.00 for each location per event.
- (c) Explosives: \$75.00 per year.
- (d) Fireworks/Pyrotechnics: \$100.00 per year for each location.
- (e) Hotel/Motel: \$50.00 per year per location.

Village of

INDIAN POINT

*957 Indian Point Road
Branson, Missouri
417-338-5599/Fax 417-338-5279*

MAJOR SUBDIVISION FINAL PLAT APPLICATION

Date of Submittal _____ Case Number _____

Subdivision Name Approved _____

Preliminary Plat Name _____

General Location: Section _____ Township _____ Range _____

Applicant/Owner _____

Address _____

Telephone _____ Email _____

13 Paper + 2 Mylar Copies of Final Plat Submitted () Date Provided _____

3 Copies of Required Construction Plans Provided () Date Provided _____

Verification of Current Year Taxes Paid, Provided () Date Provided _____

\$150 Application Processing Fee Submitted () Check# _____ Date _____

Date Preliminary Plat Approved _____ Acreage of Final Plat _____ #of Lots _____

Applicant/Owners Signature _____ Date _____

Planning & Zoning Administrator Signature _____ Date _____

Office Use Only:

Dates Approved by: Planning & Zoning _____ Board of Trustees _____



Temporary Use Permit Application
 957 Indian Point Road, Branson, MO 65616
 Phone 417-338-5599 Fax 417-338-5279

Temporary Use 911 Property Address: _____ Permit Number _____

Property Owner: _____ Owner Applicant

Contact Name: _____ Email: _____

Mailing Address: _____ Phone: _____

Applicant Name: _____ Email: _____

Mailing Address: _____ Phone: _____

Temporary Use Type/Fee (only one use per application)

Please circle one that describes your Use Type and complete the attached worksheet.

Outdoor Sales/Promotional Event \$50
 Search lights \$5

Temporary Vehicle Wash \$5
 Food Truck \$50

Farmers Market \$50

Property Owner Permission

I give consent to the applicant to access the property identified above for the purpose described on this application.

 Property Owner/Authorized Agent Signature

 Print Name

 Date

Applicant Acknowledgement

In signing this application for permit, the applicant acknowledges all information provided is complete and accurate. The applicant also agrees to abide by the regulation of the Village Point Municipal Code.

 Applicant's Signature

 Print Name

 Date

Permit good for 3 months then you must re-apply

Official Use Only

Description	Comments	Description	Comments
Zoning District		Site Plan	
Total cumulative Days		Health Dept. Permits	
Occurrences per year		Operating Rules	
Active Business License		FAA Approval	
Active Building License		Other Departments Notified	

Approved _____ Denied _____ Approved by _____ Date _____

Expires _____

2020 Missouri Election Calendar

Official Election Day	Style of Election	Last Day to Register to Vote	First Day for Candidate Filing	Last Day for Candidate Filing	Final Certification Date
February 4, 2020	Bond elections may be held on the first Tuesday after the first Monday in February but no other issue shall be included on the ballot for such election.	January 8, 2020	October 15, 2019 [Jurisdictions in Kansas City begin filing October 22, 2018]	November 19, 2019	November 26, 2019
March 3, 2020 (see local charter)	Charter cities and charter counties ONLY	February 5, 2020	November 12, 2019 [Jurisdictions in Kansas City begin filing November 19, 2019]	December 17, 2019	December 24, 2019
March 10, 2020	Presidential Preference Primary	February 12, 2020	November 26, 2019	December 24, 2019	December 31, 2019
April 7, 2020	General Municipal Election Day	March 11, 2020	December 17, 2019 [Jurisdictions in Kansas City begin filing December 24, 2019]	January 21, 2020	January 28, 2020
August 4, 2020	Primary Election	July 8, 2020	February 25, 2020	March 31, 2020	May 26, 2020
November 3, 2020	General Election	October 7, 2020	July 14, 2020 [Jurisdictions in Kansas City begin filing July 21, 2020]	August 18, 2020*	August 25, 2020

*Opening and closing of filing for jurisdictions authorized to elect directors in November, such as 911 & Emergency Services directors.

[Bracketed dates apply to any jurisdiction partially or wholly located in Kansas City, Missouri.]

Statutory References (RSMo)

Official Election Day	§§ 115.121, 115.123
Style of Election	§§ 115.121, 115.123
Last Day to Register	§ 115.135.1
First Day to File	§§ 115.127.5, 115.329.1, 115.349.2, 115.761
Last Day to File	§§ 115.127.5, 115.329.1, 115.349.1
Final Certification Date	§§ 115.125, 115.387, 115.401, 116.240

MISSOURI VOTER REGISTRATION APPLICATION

Use this application to:

1. Register to vote in any election in Missouri.
2. Register to vote when you move from one jurisdiction (St. Louis City, Kansas City, or any county) to another jurisdiction (St. Louis City, Kansas City, or any county) within Missouri.
3. Change the address on a current voter registration when you move within a jurisdiction.
4. Change the name on a current voter registration.

Other information:

1. You must be 18 years of age by the day of a particular election to be eligible to vote in that election.
2. If mailed, this form must be postmarked by the 4th Wednesday preceding an election to be eligible to vote in that election. If delivered in person, it must be received in the office of the election authority by the 4th Wednesday preceding an election. (See reverse for election calendar.)
3. Submitting this application to an individual other than the election authority does not insure timely voter registration.
4. After the election authority receives your voter registration application, you will be sent confirmation within 7 business days. If you do not receive confirmation, contact the election authority.
5. If you wish to serve as an election judge on election day please contact your local election authority and mark the box at the bottom of this form.
6. Optional—If registering by mail for the first time, please submit a copy of one of the following forms of identification: current or valid photo ID, current utility bill, bank statement, government check, paycheck or other government document that shows your name and address, birth certificate, Native American tribal document or other proof of United States citizenship. (You will be required to present identification when you vote.)

Completing this form (All information is required unless indicated as optional):

Boxes 1 and 2 -- Citizen and Age Requirements

Federal Law requires voter registration applicants to answer these two questions.

Box 3 -- Type of Application

Check appropriate box if this is a new registration or if you are changing a name or address on your current voter registration.

Box 4 -- Name

Put in this box your full name (Last, First, Middle). DO NOT use nicknames or initials. For name changes, Box 12 should contain your old name.

Box 5 -- Home Address

List your home address. DO NOT put your mailing address if it differs from your home address.

Box 6 -- Mailing Address

If you get your mail at an address other than your home address in Box 5, put that address here in this box.

Box 7 -- Driver's License Number

Required for registration unless you do not have a Driver's License. (§115.158, RSMo.) If you do not have a Driver's License, leave blank.

Box 8 -- Last Four Digits of Social Security Number

Required for registration unless you do not have a Social Security Number. (§115.155, RSMo, §115.158, RSMo.) If you do not have a Social Security Number, leave blank.

Box 9 -- Date of Birth

Place your date of birth in this box (Month, Day, Year). DO NOT USE TODAY'S DATE!

Box 10 -- Place of Birth (Optional)

List your place of birth (city/county/state).

Box 11 -- Daytime Phone Number (Optional)

Please list a number at which the election authority may contact you for clarification of information.

Box 12 -- Last Voter Registration Information

If you are currently registered, please list the name and address of your last registration including county and state.

Box 13 -- Signature

Review the information. If you meet the requirements and all is correct, sign your full name or make your mark and print today's date.

Box 14 -- Rural Voters

If you live in a rural area without a street address, please supply information which may help in placing you in the proper voting district.

YOUR APPLICATION WILL BE CONFIRMED BY MAIL WITHIN SEVEN (7) BUSINESS DAYS OF ITS RECEIPT BY THE ELECTION AUTHORITY. PLEASE CONTACT THE ELECTION AUTHORITY IF YOU DO NOT RECEIVE NOTIFICATION.

(DETACH HERE - KEEP TOP PORTION FOR YOUR RECORDS) This card is not proof of registration.



MISSOURI VOTER REGISTRATION APPLICATION

USE PEN - PLEASE PRINT CLEARLY

1 ARE YOU A CITIZEN OF THE UNITED STATES OF AMERICA? <input type="checkbox"/> YES <input type="checkbox"/> NO		2 WILL YOU BE 18 YEARS OF AGE ON OR BEFORE ELECTION DAY? <input type="checkbox"/> YES <input type="checkbox"/> NO	
If you checked no in response to either of the above questions, do not complete this form.			
3 <input type="checkbox"/> NEW REGISTRATION <input type="checkbox"/> ADDRESS CHANGE <input type="checkbox"/> NAME CHANGE		FOR OFFICE USE ONLY REGISTRATION NO.	
4 LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX (JR, II, ETC.) <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
5 ADDRESS WHERE YOU LIVE (HOUSE NO., STREET, APT. NO. OR RURAL ROUTE AND BOX - NO PO BOXES)		CITY	COUNTY ZIP CODE
6 ADDRESS WHERE YOU GET YOUR MAIL (REQUIRED IF DIFFERENT FROM #5 ABOVE)		CITY	STATE ZIP CODE
7 DRIVER'S LICENSE NUMBER IF YOU DO NOT HAVE A DRIVER'S LICENSE, PLEASE LEAVE BLANK.		8 LAST 4 DIGITS OF SOCIAL SECURITY NUMBER* IF YOU DO NOT HAVE A SOCIAL SECURITY NUMBER, PLEASE LEAVE BLANK.	
9 DATE OF BIRTH (MM/DD/YYYY)	10 PLACE OF BIRTH (OPTIONAL)	11 DAYTIME PHONE NO. (OPTIONAL)	
12 NAME AND ADDRESS ON LAST VOTER REGISTRATION NAME _____ ADDRESS _____ CITY _____ STATE _____ COUNTY _____ If currently registered in another state or county please complete this box.		13 I hereby certify that I am a citizen of the United States and a resident of the state of Missouri. I am at least seventeen and one half years of age. I have not been adjudged incapacitated by any court of law. If I have been convicted of a felony or a misdemeanor connected with the right of suffrage, I have had the voting disabilities resulting from such conviction removed pursuant to law. I swear under penalty of perjury that all statements made on this card are true to the best of my knowledge and belief. I understand that if I register to vote knowing that I am not legally entitled to register, I am committing a class one election offense and may be punished by imprisonment of not more than five years or by a fine of between two thousand five hundred dollars and ten thousand dollars or by both such imprisonment and fine. Date _____ Signature _____	
14 RURAL VOTERS: COMPLETE THIS SECTION IF YOU LIVE OUTSIDE THE CITY LIMITS OF ANY CITY. I live _____ miles _____ (N S E or W) of _____ (landmark or junction). Section, Township and range _____ My neighbors are _____			
<input type="checkbox"/> Check here if you are interested in working as an Election Judge Warning: Conviction for making a false statement may result in imprisonment for up to five years and/or a fine up to \$10,000.			



957 Indian Point Road
Branson, MO 65616
Ph: 417-338-5599 Fax: 417-338-5279

Minor Subdivision Final Plat Application

Date Submittal _____ Case Number _____

Final Plat Name _____

General Location: Section _____ Township _____ Range _____

Agenda _____

Applicant Owner _____

Address _____

Phone _____ Cell Ph _____

13 Paper Copies of Final Plat Submitted Date _____ ()

3 Copies of Required Construction Plans Provided (if applicable) ()

Verification that Current Year Taxes Paid ()

\$100 Application Processing Fee Submitted Check _____ Cash _____ ()

Applicant/Owner Signature _____ Date _____

Planning & Zoning Administrator Signature _____ Date _____

Office Use Only:

Date Approved by: _____ *Planning & Zoning Commission* _____

Board of Trustee's _____

Ini _____

Village of



INDIAN POINT

957 INDIAN POINT RD
Branson, Missouri
417-338-5599/Fax 417-338-5279

PRELIMINARY PLAT APPLICATION

Date of Submittal _____ Case Number _____

Preliminary Plat Name _____

General Location: Section _____ Township _____ Range _____

Applicant/Owner _____

Address _____

Telephone _____ Project Engineer _____

11 Paper Copies of Preliminary Plat Provided ()
Date Provided _____

11 Copies of Engineering Report Provided ()
Date Provided _____

Stamped, address postcard notices for property owners within
1000 feet of project boundary and mailing list provided ()
Date Provided _____

\$300 Application Processing Fee Submitted ()
Check Number _____

\$1,000 Escrow Deposit for Village Engineer Review submitted ()
Check Number _____

Village Engineer Fee _____ Escrow Deposit Returned (minus Engr Fee) _____

Date Sketch Plan Approved by Planning & Zoning Commission _____
Acreage of Development _____ Number of Lots _____

Applicant/Owners Signature _____ Date _____

Planning & Zoning Administrator Signature _____ Date _____

Date of Notice Public Hearing _____

Approval Preliminary Plat: Village Engineer _____

P&Z _____

Board of Trustees _____

