

GREENE COUNTY BUILDING REGULATIONS

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COMMERCIAL BUILDING APPLICATION

****FOR OFFICE USE ONLY****

RECEIVED BY: _____

PERMIT # _____
PLAN REVIEW FEE _____
DATE PAID: _____
PERMIT COST _____
____ APPLICATION
____ 5 SETS OF PLANS
____ OWNERSHIP

Name of Project: _____

Construction Site Address: _____

(Must be obtained from Greene County Addressing Office-Room 305 prior to issuance of permit.)

Exact Directions to Building Site: (Please furnish nearest intersection of county and/or state roads.

This project is for: New Construction Infill Remodel/Repair Sign/Billboard

Other: _____ Cell Tower* New or Existing**

If existing tower, how many antennas to be added or replaced: _____

*Engineered plans and calculations must be submitted

**For existing tower, engineered plans must document additional design load on tower. Must also include calculations.

Estimated Cost of Construction: _____

Who do we contact if there are questions concerning this application?

Name: _____ Phone Number: _____

Mobile Number: _____ Email Address: _____

Name of Recorded Property Owner: _____

Mailing Address: _____

Work/Day Phone: _____ Mobile/Evening Phone: _____

Email Address: _____

Contractor Name: _____

Mailing Address: _____

Office Number: _____ Mobile Number: _____

Email Address: _____

NAME (LAST, FIRST):

DATE CALLED:

INITIALS:

Architect Name: _____

Mailing Address: _____

Office Number: _____ Mobile Number: _____

Email Address: _____

Is blasting required? Yes No If yes, must provide name of blasting company (Must be licensed and insured.)

Name of Blasting Company: _____

Type of Footing: Concrete Slab If other, give type: _____

Footing Contractor: _____

UTILITY CONTRACTORS: Electrician: _____ Plumber: _____

Mechanical HVAC: _____

Type of Heating: Natural Gas Propane Other: _____

Type of Air Conditioning: Forced Air/Central Other: _____

UTILITY PROVIDERS:

Electricity: CU Other Location: _____

Gas: CU Other Location: _____

WATER SOURCE:

CU Well: New Existing Other _____

Name of Well Driller: _____ State Certification Number: _____

WASTEWATER SYSTEM: Sewer Onsite Wastewater Treatment System

Name of Onsite Wastewater Installer: _____ Greene County Certification: _____

TOTAL SQUARE FOOTAGE OF STRUCTURE(S): _____

(ALL FLOORS COMBINED) If more than one building, list each building footage separately.

1. _____ 2. _____ 3. _____ 4. _____ 5. _____

Use Group _____ **Structure/Construction** _____

By my signature below, I affirm that I am the property owner or his/her legally authorized representative.

PLEASE PRINT NAME: _____ DATE: _____

SIGNATURE: _____

----- OFFICE USE ONLY-DO NOT WRITE BELOW THIS LINE -----	
TOTAL PLAN REVIEW FEE: \$ _____	CALCULATED BY: _____
Date plans were received: _____	Check # _____ Receipt # _____
<i>Please attach accompanying page for staff review and approval signatures.</i>	