

Architect:

Mailing _____

Address: _____

Office Number: _____

Mobile Number: _____

Email Address: _____

Is blasting required? Yes No If yes, must provide name of blasting company.
(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 Septic Name of Septic 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 #** _____

Please attach accompanying page for staff review and approval signatures.

GREENE COUNTY BUILDING REGULATIONS

PHONE: 417-868-4015

INSPECTIONS CHECK LIST

FAX: 417-868-4175

ANY OR ALL OF THE FOLLOWING INSPECTIONS MAY BE REQUIRED

- ____ 1. SITE EVALUATION REVIEW AND ON-SITE INSPECTION. This review and on-site inspection must be done **BEFORE** any excavation is started.
- ____ 2. FOOTING INSPECTION (**before pouring concrete**) ALL PROPERTY PINS MUST BE VISIBLE AT TIME OF INSPECTION.
- ____ 3. IN-GROUND PLUMBING (plumbing, electrical & mechanical in any concrete floors (**before pouring concrete**))
- ____ 4. ELEVATION CERTIFICATE (Minimum Floor Elevation for Storm Water) **When Required.**
- ____ 5. ROUGH-INS FOR FRAMING, ELECTRICAL, PLUMBING, MECHANICAL (BEFORE insulation and sheetrock are installed.)
- ____ 6. ELECTRIC METER
- ____ 7. AIR TEST (on **ALL** gas lines)
- ____ 8. SEPTIC & LATERAL LINES (before covering)
- ____ 9. *SEWER CONNECT (**BEFORE** work is covered)
- ____ 10. IMPORTANT: ALL concrete pours for driveways and/or sidewalks and County Right of ways must be approved by the Greene County Highway Department 24 hours prior to pouring. All public improvements **MUST** be inspected and approved by Greene County Highway Department **BEFORE** a final inspection will be scheduled.
- ____ 11. **IMPORTANT: ALL** driveway installations that access a Greene County farm road must be approved by the Greene County Highway Department **24 hours prior** to **ALL** driveway installations. All driveway installations **MUST** be inspected and approved by Greene County Highway Department **BEFORE** a final inspection will be scheduled. **ALL** driveway permits are issued through the Greene County Highway Department. Call their office for evaluation. 417-831-3591.
- ____ 12. If drive is to access a state highway, access permit **MUST** be obtained from the Missouri Dept. of Transportation located at 3025 E. Kearney St. Dennis Underhill at 417-766-2691.
- ____ 13. FINAL INSPECTION. (**BEFORE** occupancy or placement of articles in the structure).

!IMPORTANT NOTES, PLEASE READ!

- ____ 1. **Permit number must remain clearly posted at site address until construction is complete. Failure to do so could result in inspection(s) not being conducted.**
- ____ 2. **No Final Occupancy will be scheduled for any permit until all required inspections and documents have been completed and approved by the proper jurisdiction.**
- ____ 3. **THIS PERMIT WILL EXPIRE SIX (6) MONTHS FROM DATE OF ISSUANCE IF WORK HAS NOT COMMENCED. IF INSPECTION FOR COMPLETED WORK IS NOT CONDUCTED AT LEAST EVERY SIX (6) MONTHS, PERMIT WILL EXPIRE.**
- ____ 4. **Any request for refund must be in writing to Resource Management Department, 940 N. Boonville, Room 305, Springfield, MO 65802 and no refunds will be granted after one hundred and eighty (180) days from issuance of permit.**

****NOTE: OWNER RESPONSIBLE FOR ALL DEED RESTRICTIONS AND COVENANTS****

PLEASE GIVE THE FOLLOWING INFORMATION WHEN SCHEDULING INSPECTIONS:

- 1. Permit Number
- 2. Address of Inspection Site
- 3. Type of Inspection Needed
- 4. Caller's Name and Phone Number

I HAVE REVIEWED THESE STATEMENTS AND AGREE TO ABIDE BY THE CODES ADOPTED BY THE GREENE COUNTY COMMISSION. FAILURE TO HAVE AN IINSPECTION CONDUCTED COULD RESULT IN UNCOVERING WORK SO THAT THE REQUIRED INSPECTION CAN BE ACCOMPLISHED. I UNDERSTAND THAT A FINAL INSPECTION MUST BE APPROVED BEFORE THE BUILDING IS TO BE OCCUPIED.

SIGNATURE: _____

DATE: _____

INFORMATION REGARDING PUBLIC IMPROVEMENTS

By my signature below I certify that I understand the following:

1. Public Improvements (sidewalks, curbs, driveways, and/or driveway entrances, streets and all other public improvements on right-of way property) must be installed, inspected and approved by Greene County in accordance with adopted design standards.
2. Should any damage(s) occur to any of these improvements during construction, it is my responsibility as the permittee to repair these damage(s) in accordance with the Greene County Design Standard.
3. Greene County Highway Department **MUST be notified twenty-four (24) hours BEFORE:**
 - a. Any concrete pour for driveway and/or sidewalks on right-of-way
 - b. Installation of any culverts on right-of-way. **Phone number for Highway Department is 417-831-3591.**
4. All damage(s) must be repaired and accepted by Greene County Highway Department or the utility owner before a final inspection will be conducted.
5. A Certificate of Occupancy will not be issued until all damage(s) are repaired and approved.

By my signature below, I certify that I am the permittee or his/her legally authorized representative and I am in agreement with the above.

PRINT NAME: _____

DATE: _____

SIGNATURE: _____

PERMIT NUMBER: _____